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INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
APRIL 7-8 AND AUGUST 25-26

1995

ASSEMBLÉES PROVISOIRE ET ANNUELLE
DU BUREAU DES GOUVERNEURS
LES 7-8 AVRIL ET LES 25-26 AOÛT

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**INTERIM MEETING
BOARD OF GOVERNORS**

CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE PROVISOIRE

DU BUREAU DES GOUVERNEURS

L'ASSOCIATION DENTAIRE CANADIENNE

OTTAWA, ONTARIO

**APRIL 7-8
LES 7-8 AVRIL**

1995



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R. MacGregor

This book provides a record of the business transacted at the Interim and Annual meetings of the Board of Governors of the Canadian Dental Association, on April 7-8, 1995 and August 25-26, 1995 in Ottawa, Ontario.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils, Commissions, Committees and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

Interim and Annual Meeting

Words appearing in bold both within the body and at the end of the Council, Committee, Commission or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the CDA TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils, Commissions, Committees and Sections.

L. Allen (CDA Assn)

J. Higgins (Communication & Membership)

M. Halliday (Communication & By-Laws)

W. Stagg (Community & Int. Affairs)

M. Fagan (Consumer Products Relations)

M. Jaffe (Conventions)

D. Jones (Dental Materials & Devices)

D. Davidson (Education)

J. Wright (Insurance & Investment)

R. Sigfrid (Management)

B. Delman (Membership)

J. Brookfield (Planning & Budget Control)

N. Sandhu (Student Affairs)

R. H. Ellis (Treasury)

J. Dugan (Third Party Plan Design)

AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement les 7 et 8 avril 1995 et les 25 et 26 août de la même année, à Ottawa, Ontario.

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils, des commissions, des comités et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

Assemblée provisoire et annuelle

Les textes inscrits en caractères gras dans les rapports des conseils, des comités, des commissions et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les DÉLIBÉRATIONS DE L'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils, des commissions, des comités et des sections de l'Association.

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NAME

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J. Wright	Canadian Dental Service Plans Inc.

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EXECUTIVE COUNCIL

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bryun Sigfstead, Edmonton - Chairman
Dr. James Brookfield, Kirkland Lake
Dr. Barry Dolman, Montréal
Dr. Raymond Wenn, Charlottetown
Dr. Tom Breneman, Brandon
Dr. Louis Dubé, Sherbrooke
Dr. John Diggins, Vancouver
Dr. Toby Gushue, St. John's
Dr. Richard Sandilands, Edmonton
Dr. David Somer, Hamilton

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Mrs. Suzanne Burton

1. Council Meetings

Since the October, 1994 Annual Meeting of the Board of Governors, the Executive Council has met three times - October 4, 1994, November 19-20, 1994, and February 3- 4, 1995. The Executive Council Planning Session was held November 18-19, 1994. Dr. Wenn completed his term on Executive Council at the termination of this meeting.

ITEMS REQUIRING BOARD ACTION

2. FDI Delegates

RESOLVED:

95.1 THAT the CDA official delegates to the 1995 FDI Congress in Hong Kong be Dr. James Brookfield, CDA President and Dr. Bryun Sigfstead, CDA Past-President.

ADOPTED

At the 1994 Annual Meeting, Governors appointed Mr. Jardine Neilson, CDA Executive Director, as FDI National Treasurer for 1995. Executive Council has examined this appointment in light of Mr. Neilson's position on FDI Council, FDI Finance Committee, FDI International Executive Directors' Council, and the difficulties associated with continuing in all of these roles. In addition, Council recognized the advantages of maintaining continuity in CDA representation to FDI, if Canadian representatives are to aspire to office at the international level.

RESOLVED:

- 95. 2 THAT CDA immediate Past-President, Dr. Raymond Wenn, be appointed FDI National Treasurer for 1995.**

ADOPTED

Recommended appointments of future National Treasurers will be made with the intent to provide more than one year's exposure to FDI, in order to foster and enhance understanding and interest in the international dentistry scene. Appointments will continue to be brought forward for Governors' approval.

The CDA alternate delegates to the 1995 FDI Congress in Hong Kong will be Dr. Michel Jahjah, General Chairman, Conventions and the FDI National Treasurer. The attendance of alternate delegates is at no additional cost to CDA, and is subject to confirmation of their attendance at FDI.

3. Appointment of Auditors - Canadian Dentists' Insurance Program (CDIP)

RESOLVED:

- 95.3 THAT the firm of Clarke, Henning and Company be appointed auditors for CDIP for 1995.**

ADOPTED

4. 1995 Participation Agreement

At its October 4, 1994 meeting, the Executive Council approved amendments to the 1995 Participation Agreement between CDA and co-sponsors based on information and recommendations of the Council on Insurance and Investment.

The text of the Participation Agreement has undergone some minor editorial changes to simplify the wording. A sentence has been added to Section 3 - Participation and the First Support Hospital Cash Plan has been added. The proposed amendments were circulated to co-sponsors on October 14, 1994 with additional information as outlined in the appended

memorandum. All co-sponsors agreed to the amendments outlined, and these have been incorporated into the 1995 Participation Agreement which has been signed by all co-sponsors with the exception of the ODA. Further information on the impediments to signing the 1995 Agreement with ODA are contained in item 5 of this report. It is now appropriate to present the amended agreement for Governors' ratification.

APPENDIX I & II**RESOLVED:**

- 95.4 THAT the amendments to the 1995 Participation Agreement be approved.**

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****5. CDSPI****CDA/CDSPI Management Meeting**

A meeting between the Management Committees of CDA and CDSPI was held on January 25, 1995. The following items from that meeting were reviewed by Executive Council:

- Since the implementation of the CDA RSP RIF eligibility fee, there have been two calls from participants concerning this initiative. One of these was resolved in favour of the CDA RSP RIF, the other is outstanding.

The ODA Insurance Committee is examining the feasibility of an ODA RSP. As the CDA RSP is not covered by a Participation Agreement, corporate member withdrawal does not apply. Dentist participants would make the decision on the disposition of their existing and future RSP investment on an individual basis.

- CDSPI is monitoring the rate of new participants joining CDIP, and is optimistic that the trend will be positive, given the expanded coverage for new graduates. As well, CDSPI focus groups will assist in examining participants' insurance, investment and related service needs.
- The restrictions imposed by Section 10 - Promotion, of the Participation Agreement, continue to cause concern for both CDA and co-sponsors. In Ontario, the involvement of the Ontario Association of Dental Specialists in the insurance market has created an impediment to the ODA signing the 1995 Participation Agreement. Suggestions for resolution have been communicated to the ODA, and it is anticipated that this matter will be resolved prior to the termination of the terms of the 1994 Participation Agreement.

6. **Legal Expense Insurance**

All CDIP co-sponsors, with the exception of the College of Dental Surgeons of Saskatchewan, have approved Legal Expense Insurance as a sponsored plan. The College of Dental Surgeons of B.C. co-sponsors Plan B. All other participating provinces co-sponsor Plan A.

Executive Council provided direction to CDSPI, permitting any CDA member in the province of Quebec to participate in new CDIP plans, including Legal Expense Insurance, effective immediately.

7. **Resolution of Outstanding Issues - Decision of the Court of Appeal for Ontario**

On June 15, 1994, CDA was informed that the Court of Appeal for Ontario had approved the settlement costs and all outstanding legal matters surrounding the Executive Council's trustee responsibility for the CDIP surplus funds. On the issue of costs, the following was determined:

- QDSA shall receive a portion of its litigation costs in the amount of \$170,000 from the CDIP surplus funds;
- CDA shall be entitled, at its election, to receive a portion of its costs from the CDIP surplus funds in the amount of \$170,000.

This information was reported to Governors the 1994 Annual Meeting. Governors were also informed of objections raised by Guardian Insurance Company, indicating that it was not prepared to waive its costs incurred, which it calculated to be in excess of \$170,000. On October 4, 1994, the Executive Council, acting in its trustee capacity, determined that it was appropriate that the sum of \$100,000 be settled on the Guardian Insurance Company, to be paid from the CDIP surplus funds, as part of the \$170,000 allowed to CDA. The trustees also found that it was appropriate to reimburse the CDA from the settlement funds allowed in the amount of \$70,000, to cover a portion of its litigation costs.

On December 16, 1994, CDA was notified by its legal counsel, Fasken Campbell Godfrey, of receipt of signed copies of the QDSA release, with the stipulation that it be held in escrow pending delivery of payment of costs. The costs claimed by QDSA included an interest payment of \$7,294.95, as interest due on the \$170,000 cost settlement. The pertinent correspondence is appended.

APPENDIX III

Following discussion between QDSA and CDA, it was agreed that CDA would pay to QDSA, from the CDIP life plan surplus, the sum of \$174,000. The payment consisted of \$170,000 to cover QDSA legal costs in the application relating to surplus funds of the CDIP life plan, and \$4,000 as compensation for interest costs associated with this matter. The Executive Council approved this payment in its capacity as CDIP surplus trustees. A copy of the QDSA release, received on January 3, is appended.

APPENDIX IV

A copy of the court order, dismissing the action against CDA, CDSPI, and the individual Executive Council members, is appended.

APPENDIX V**8. Review of CDSPI Corporate Structure**

The process for review of CDSPI corporate structure was discussed by Executive Council. A meeting was held on January 24, 1995, between CDA Management Committee, acting on behalf of Executive Council, and Mr. Peter Lawton, Coopers & Lybrand Consulting, to provide CDA input.

The process schedule indicates that a workshop will be held in conjunction with CDA's 1995 Interim Meeting of Governors, followed two weeks later by a report to the CDSPI Board. Motions for by-law changes will be presented to the CDSPI Annual Meeting in August, 1995. The Executive Council will examine the report, and prepare appropriate recommendations on CDA's position for consideration at its August 1995 Governors meeting, in order that its representative to the CDSPI Annual Meeting be appropriately directed.

9. Recommendations - Council on Insurance and Investment

At its October 4, 1994 meeting, Executive Council approved recommendations from the Council on Insurance and Investment for implementation on January 1, 1995. An appropriate notice was circulated and is appended. The report of the Council on Insurance and Investment presents these recommendations for Board ratification.

APPENDIX VI**10. 1994 Audited Financial Statements - CDA RSP****APPENDIX VII**

The audited statements for the CDA RSP to May 27, 1994, were approved by Management Committee and ratified by the Executive Council at its October, 1994 meeting. Governors will recall that this approval mechanism is required, in order that the financial statements appear in the Annual Report on the CDA RSP. The 1994 audited financial statement for the CDA RSP are appended.

11. **Evolution and Future of Third Party Dental Plans**

Economic concerns of the insurance industry and employers are placing increasing pressure on Third Party Plans. Organized dentistry must work in cooperation with employer groups and the insurance industry, to ensure that any planned review encompasses treatment and oral health considerations, as well as fiscal concerns.

At its 1994 Planning Session, the Executive Council charged the Planning and Issues Coordinating Committee (PICC) with considering strategies to ensure dentistry's ongoing contribution to the debate concerning the evolution and future of third party dental plans. In its report to Governors, the committee identified the requirement for a mechanism to examine the broad question of the future of third party plans, and to develop consensus on the position of organized dentistry. To meet this need, the committee is recommending that CDA convene a national conference on the issue.

The Chairman of the Third Party Dental Plans Committee, Dr. Luc Dugal, attended the February pre-board meeting of Executive Council to report on the 1995 national third party meeting held on January 21, and to discuss the advisability of convening a national conference, given the discussions held at the third party forum. Employers present at the forum indicated a strong desire to develop a relationship with organized dentistry, at the national level, to discuss issues related to ensuring the future of dental benefits for their employees.

The Executive Council has mandated the Chairman of the Third Party Committee to form an ad hoc committee to develop draft guidelines on viable plan design. Financial resources to support this initiative were approved, and the Chairman was directed to present a progress report to Governors at the Interim Meeting. Further information and recommendations are contained in the PICC report and the report of the Third Party Dental Plans Committee.

12. **Dental Human Resources Study**

The supply and demand of Dental Human Resources has been identified by CDA stakeholders as an area of increasing concern. Current data available on this issue indicates that the supply situation in outreach areas continues to improve, and that the saturation point may have been reached in urban areas.

Over recent years, the implications for dental faculties faced with perceptions of over supply have been dramatic. Future changes to third party plans and the potential of taxation of benefit premiums, will have an effect on the demand side. The profession must position itself to be able to address the dental human resource area from an informed base.

CDA will continue its leadership role with the Dental Human Resources study, and has committed approximately \$6,000 in additional project funding. The process to select a project consultant has been delayed, pending reconfirmation of government funding. Members of the selection committee include Dr. Gordon Thompson, Dr. Pat Johnson, and Mr. Paul Stoll of Human Resources Canada.

13. **Periodontal Screening and Recording Program**

The Communications and Membership Committee (CMC) report contains information on the launch of the periodontal screening and recording program. The administrative committee, established to manage the introduction of this program, has recommended that the program developed by the American Dental Association (ADA) be broadened to a more comprehensive periodontal care program, using PSR as an element of this broader approach. Several issues require resolution in relation to the trademark and licensing agreement between CDA and ADA. Further discussion is required to resolve these issues, as well as the question of an expanded periodontal care program.

14. **Antimicrobial Agents**

The Consumer Products Recognition Committee has considered a report on introducing a category for antimicrobial agents, as a starting point to developing guidelines for this product category. A code has been established in the USCLS for the provision of this service.

CDA has received, and declined, an invitation to partner on educational activities associated with an antimicrobial product.

15. **National Data Bank**

The Library/Resource Centre is moving ahead on the establishment of a national data bank of information and resources on current and emerging issues, available from various corporate jurisdictions. Decisions, legal opinions, provincial acts and regulations pertaining to matters under the jurisdiction of provincial licensing bodies, will be centralized and maintained. This data will likely be categorized by specific fields, each requiring exclusivity of access. Registrars have been requested to forward appropriate records, under confidential cover, for entry to the database. The Library will monitor activities for an initial 18 months, to determine if all provinces are satisfied and supporting this project.

16. **CDA Conventions**

The future of CDA conventions was addressed, in a comprehensive report from the General Chairman, Dr. Michel Jahjah. The report reviewed the historical perspectives of CDA

conventions, and the venues and associated attendance over the past six years. The objectives of CDA conventions, as delineated in CDA's planning documents, were reviewed.

Several scenarios which CDA could select in terms of future conventions were outlined. These included:

- Conventions offering seminars and scientific lectures only, without exhibits, within Canada.
- Conventions offering seminars and scientific lectures only, outside of Canada.
- A traditional convention similar to those held before 1988, where attendance was unpredictable, and where the numbers of exhibit booths and registrants were lower than desired.
- A convention held independently of the provincial dental associations, in major cities across Canada.
- A convention held jointly with provincial dental associations, on a triannual basis in Montreal, Toronto, and Vancouver.

The latter scenario was approved in principle, for further discussion with the provincial dental associations concerned. For the immediate future, a joint meeting in Montreal in 1996 is being pursued.

17. **Taxation Committee**

Fiscal concerns of the federal government have resulted in more intense examination of areas of taxation that impact on both the personal and professional lives of dentists. This scrutiny will likely continue into the future. The Executive Council identified the necessity for a protocol on meetings with the federal government in the tax area, to ensure the continued ability to deal with issues in an effective and timely manner, and to develop a stronger base and continuity at both the staff and volunteer level. The protocol will be developed in consultation with the Chairman of the Taxation Committee.

18. **Research Study - Status of Public Dental Plans in Canada**

CDA received a request from the Canadian Society of Public Health Dentists, for assistance in the funding of a research study to fill the vacuum in dental scientific literature, regarding the status of federal/provincial/territorial public dental plans. Executive Council believes that it is more appropriate for the Dentistry Canada Fund to consider funding this initiative. CDA will endorse a request made to the DCF.

19. **Self-Learning Self-Assessment Program (SLSA)**

Discussions have continued between the principals of SLSA and CDA on the ongoing operation and management of SLSA. CDA's contribution would involve both financial and governance support of this organization. Discussion is ongoing at this time.

20. **Commonwealth Dental Association**

CDA has received an invitation to join the Commonwealth Dental Association. Executive Council believes that CDA initiatives in the area of international dentistry are best directed through the FDI, and ongoing initiatives with the third world through CIDA-sponsored projects.

21. **Protocol - CDA President's Dinner**

Over the past several years, the CDA President's Dinner has served as a focal point to highlight the year of the President, and welcome the incoming President through the Installation ceremony. Both the social and business aspects of the program have evolved, and the President's Dinner is now acknowledged to be one of the social highlights for those involved in organized dentistry.

The protocol for this function has been examined and revised in order to maintain an appropriate focus on the President's year, and to ensure a suitable balance between the program's social and protocol aspects. The introduction of the incoming President by his provincial colleagues will consist of a brief, light, but dignified presentation.

22. **Submitted Resolutions - CDA Board of Governors**

At its November meeting, Executive Council requested that the Council on Constitution and By-Laws examine the current by-law notice requirement affecting the submission of resolutions to meetings of Governors, and bring forth recommendations concerning the advisability of amending the current rules. Notice of this intention was communicated to corporate members and Governors in the December 15, 1994 Executive Director's report. Information is contained in the report of the Council on Constitution and By-Laws.

23. **Look to the Future**

A major portion of the 1994 Planning Session entailed the examination of the future, as it might affect CDA's mission on behalf of organized dentistry. Responses to the President's letter to stakeholders requesting input to the planning exercise were reviewed, and major issues identified and strategically examined. This exercise provided direction to the Planning and Issues Coordinating Committee (PICC).

24. **Communication/Marketing**

CDA's communication strategy was approved by Governors several years ago. It will be revisited to determine the need to adjust for altered assumptions. Target markets and the products and activities required to meet each one's specific needs require validation. A strategic process to develop a new communication framework will be addressed by PICC.

The Ad Hoc Committee on Structure and Relationships recommended an enhanced role for CDA Governors in increasing CDA profile, and improving its relationship to individual members. Executive Council agreed that Governors are a significant resource that is likely under-utilized as a communication mechanism. The PICC will undertake further examination of this proposal.

25. **CDA Revenues/Membership Base**

CDA must continue to advance and enhance membership privileges. Input received from stakeholders reflected the view that there is little margin for continued increase to membership fees. This position was closely linked to comments questioning the continued provision of services to non-members, with little or no differential in cost. The Executive Council stressed the importance of retaining current members, and the need to continue the distinction between those who support the organization and those who do not. Students and new graduates must be the focus of targeted membership initiatives.

Non-dues sources account for approximately 30% of total revenue. This is deemed to be an appropriate ratio, as an increase significantly beyond this point could be detrimental in terms of members' sense of ownership of the association.

The value of services to individual members, corporate members, and licensing bodies, and the related fees/grants will continue to be under review by the PICC.

26. **Taxation**

- **Taxation of Dental Benefits**

The strategic plan to manage the profession's opposition to the federal government's proposed tax on dental benefits was examined for appropriateness and adequacy, and approved at the 1994 Planning Session. CDA presented its brief on this issue to the House of Commons Standing Committee on Finance, in its appearance before the Committee on November 16, 1994. CDA Past-President, Dr. Ray Wenn, represented CDA in meetings with the Honourable Paul Martin, on January 20, 1995, and with the Honourable Diane Marleau on February 13, 1995. Further information on CDA's activities in this area are contained in the reports of the Communications and Membership Committee and the Taxation Committee.

- RSPs

The CDA has positioned itself as a member of a multi-association alliance, to address concerns that the federal government is considering changes to the current tax treatment of RSPs in the 1995 Federal Budget. Alliance members, including the CDA, Canadian Medical Association, Canadian Pharmaceutical Association, Canadian Bar Association, and the Canadian Federation of Independent Businesses, began meeting in September, 1994. Members of the alliance represent 600,000 employers and over 2 million employees who rely on RSPs for their retirement planning.

The short-term goal of the alliance is to address the threat to current treatment of RSPs posed by the 1995 Budget. The long term goal is to address the question of pension reform, and to respond to the government's discussion paper on aging. The alliance is supported by expert consultants of William M. Mercer Ltd., Price Waterhouse and Perley-Robertson, Panet, Hill and McDougall. CDA will continue its association with the alliance, as it considers its response to the government's pension reform initiatives.

Further information is contained in the report of Taxation Committee.

27. Dental Amalgam

A British Broadcasting Corporation television program on the subject of dental amalgam has reawakened the public and professional focus on this issue. Health Protection Branch, Health Canada, is responsible for the review of dental materials, and CDA continues to actively encourage the department to enhance research in this area. The Bureau of Medical Devices, Health Canada has begun a review of data and information related to the safety and efficacy of mercury-containing dental amalgam. CDA will provide input to this review through the Committee on Dental Materials and Devices.

CDA, through the expertise of its Committee on Dental Materials and Devices, continues to monitor all current and emerging literature. Recommendations are based on scientific consensus, which is drawn from a broad range of relevant scientific literature, as distinct from individual, and sometimes conflicting, studies. Recent communication to the membership via a President's Letter, placed additional emphasis on the importance of informed patient consent with respect to restorative procedures utilizing amalgam, composites or other materials.

Public awareness of this issue is increasing and attitudes are shifting. This issue is being monitored by PICC, and further information is contained in the PICC report.

28. Public Issues

Executive Council identified the following additional sensitive public issues for monitoring through the PICC: infection control, fluoride, hazardous waste, ethics, and professional fee levels.

29. Alternate Location - Executive Council Meetings

The February meeting of Executive Council was held in Banff, Alberta . Executive Council per diem entitlement was adjusted, in order that no additional cost for CDA was involved, due to choice of meeting venue.

30. CDA Appointments

Since the 1994 Annual Meeting, the President, Dr. Bryun Sigfstead, has made the following appointments:

- Dr. Les Allen of Winnipeg, Manitoba has been appointed Chairman of the CDAnet Committee.
- Dr. David Anderson of Windsor, Ontario has been appointed as member of the CDAnet Committee, to fulfill the unexpired term of Dr. Mac Balfour.
- Dr. Tom Breneman of Brandon, Manitoba, has been appointed as the Manitoba/Saskatchewan representative to Executive Council, to fulfill the unexpired term of Dr. Bernie White.
- Dr. Jim Brookfield of Kirkland Lake, Ontario has been appointed Chairman of the Planning and Issues Coordinating Committee.
- Dr. John Diggins of Vancouver, B.C. has been appointed Chairman of the Communications and Membership Committee.
- Dr. Barry Dolman of Montreal, Quebec has been appointed Chairman of Government Relations Committee, and the Committee on Nominations and Awards.
- Dr. David Donaldson of Vancouver, B.C. has been appointed Chairman of the Council on Education, the Council's Nominating Committee and the Task Force on the Future of Dental Education.

EXECUTIVE COUNCIL

- 13 -

- Dr. Louis Dubé of Sherbrooke, Quebec, has been appointed as the Quebec representative to Executive Council, to fulfill the unexpired term of Dr. Barry Dolman. Dr. Dubé has also been appointed a member of the Communications and Membership Committee.
- Drs. Toby Gushue, David Somer and John Diggins were appointed to the newly formed Planning and Issues Coordinating Committee.
- Mr. Navid Sarooshi of Toronto, Ontario has been appointed Chairman of the Student Affairs Committee.
- Dr. Susan Sutherland of North York, Ontario, has been appointed as the CDA representative to Health Facilities Committee 3 of the Commission on Dental Accreditation of Canada, to fulfill the unexpired term of Dr. John Hardie.
- Dr. Jim Wright of Winnipeg, Manitoba has been appointed Chairman of the Council on Insurance and Investment.

Dr. Bryun Sigfstead of Edmonton, Alberta has assumed the Chairmanship of Management Committee and Executive Council, by virtue of office.

31. **President's Activities**

The President's schedule of activities was presented to Governors for information. The final schedule is appended to the Executive Council report to the Annual Meeting.

32. **Council/Commission/Committee Reports**

Executive Council has reviewed council/commission/committee reports as appended and other matters requiring board action following therein.

Respectfully submitted,

Bryun Sigfstead, D.D.S.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Executive Council.

The Board of Governors recognized Miss Linda Teteruck on the occasion of 20 years of service to the Canadian Dental Association.

**MEMORANDUM**

October 14, 1994

TO: Presidents and CEOs, Corporate Members

FROM: Sandra Davis, Manager, Corporate Affairs *S. Davis*

SUBJECT: 1995 Participation Agreement - Amendments

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

At its October 4, 1994 meeting, the Executive Council approved amendments to the 1995 Participation Agreement between CDA and co-sponsors based on information and recommendations from the Council on Insurance and Investment.

The text of the Participation Agreement has undergone some minor editorial changes to simplify the wording. As well, a sentence has been added to Section 3 - Participation. This sentence states that CDA will not offer a CDIP plan in the co-sponsor's province unless the co-sponsor has agreed to sponsor the plan. At the moment, the only plan that will be effected by this change will be the Legal Expense Plan.

This amendment makes it clear that CDA cannot offer a plan to CDA members practising in provinces where the co-sponsor has agreed not to co-sponsor the plan. In approving this amendment, the Executive Council noted that it formally recognizes a principle which has been in place over several years and is consistent with the needs of co-sponsors. In a province where there is no Participation Agreement, such as Quebec, the CDA is free to offer any CDIP plan to CDA members if it chooses to do so. Any future decision on plan termination by a co-sponsor is governed by Section 4 - Termination of Participation which stipulates that termination of co-sponsor participation applies to all, and not less than all, sponsored plans.

The second amendment concerns the addition to Schedule A of the First Support Hospital Cash Plan. The addition of this plan to CDIP was recommended by the CDSPI Board of Directors acting as the CDA Council on Insurance and Investment. Corporate Members may obtain additional background information from their representatives to the CDSPI Board.

Attached to this memorandum is the form of the 1995 Participation Agreement with all changes in text underlined for ease of reference. As the 1995 Participation Agreement will be circulated for co-sponsors' approval during November, I would appreciate receiving confirmation of your association's agreement to having amendments to text and the addition of the new plan to Schedule A incorporated to the 1995 Participation Agreement between CDA and your association. A form attesting to your approval is attached.

Subject to the approval of participating Corporate Members, the amendments incorporated into the 1995 Participation Agreement will be brought to the 1995 Interim Meeting of the CDA Board of Governors for ratification.

Attachment

- c.: Chairman & Members, Board of Governors
Dr. Ron Markey, CDA member at large
Mr. Kingsley Butler, Executive Vice President, CDSPI

AMENDMENT TO THE 1995 PARTICIPATION AGREEMENT

1. I agree with the changes in text incorporated into the 1995 Participation Agreement, particularly those outlined in Section 3.

☐

Yes

No

☐

2. I agree to the inclusion of First Support Hospital Cash Plan to the 1995 Participation Agreement.

☐

Yes

No

☐

Approved on behalf of the 1~.

1~ (signature)

PARTICIPATION AGREEMENT

AGREEMENT made as of January 1, 1995 between CANADIAN DENTAL ASSOCIATION ("CDA) and the

WHEREAS:

- A. CDA, on behalf of itself and participating provincial dental organizations, is the sponsor of certain insurance plans and programs in which members of the Canadian dental profession and their families and employees may participate;**
- B. the Co-Sponsor has participated in the sponsorship of one or more of the insurance plans and programs so sponsored by CDA pursuant to several agreements, the most recent of which was dated January 1, 1994 (the "1994 Agreement"); and**
- C. the Co-Sponsor wishes to continue to participate in the sponsorship of such insurance plans and programs on the terms and conditions hereinafter set out.**

NOW THEREFORE THIS AGREEMENT WITNESSES that in consideration of the covenants and agreements contained in this agreement the parties covenant and agree as follows:

1. Definitions and Interpretation

In this agreement:

- (a) "Carrier" means, with respect to any Plan, the issuer of the master policy or other agreement embodying such Plan or the insurer or other person with which CDA has entered into contractual or other relations providing for such Plan;
- (b) "Carrier's Agreements" means the agreement entered into from time to time between CDSPI and a Carrier pursuant to which CDSPI is authorized to perform certain administrative services on behalf of the Carrier in connection with the Plans;
- (c) "CDIP" means the Canadian Dentists' Insurance Program;
- (d) "CDSPI" means Canadian Dental Service Plans Inc.;
- (e) "1996 Agreement" means the agreement which may be entered into as of January 1, 1996 between CDA and the Co-Sponsor for the sponsorship of the Sponsored Plans during the calendar year 1996;
- (f) "Participant" means, at any time with respect to any Plan, an individual who, at such time, is participating in such Plan or who is entitled to benefits thereunder;

(g) "Participating Organization" means, at any time with respect to any Plan, a provincial dental organization which at such time is participating in the sponsorship of such Plan through agreement with CDA;

(h) "Plan" means, at any time, an insurance plan or program which is being sponsored by CDA on behalf of itself and each Participating Organization which at such time is participating in the sponsorship thereof; and

(i) "Sponsored Plan" means, at any time, a Plan in the sponsorship of which the Co-Sponsor is participating at such time.

Section (j) deleted. Referred to French Participation Agreement.

2. Termination of 1994 Agreement

This agreement terminates and supersedes the 1994 Agreement as of January 1, 1995.

3. Participation

Subject to termination pursuant to section 4, the Co-Sponsor shall participate in the sponsorship of each of the Plans listed in Schedule A. CDA shall not offer insurance plans made available through CDIP to CDA members engaged in the practice of dentistry in the Co-Sponsor's province other than the Sponsored Plans.

4. Termination of Participation

The Co-Sponsor shall be entitled, upon giving written notice to CDA on or before April 1, 1995, to terminate, effective as of January 1, 1996, its participation in the sponsorship of all, but not less than all, of the Sponsored Plans.

CDA shall give written notice to the Co-Sponsor, on or before July 1, 1995, of any Sponsored Plan which will not be made available to the Co-Sponsor for sponsorship during the year commencing January 1, 1996, so as to permit the Co-Sponsor to make arrangements to provide another plan to its members in replacement of or substitution for such Sponsored Plan.

5. Amendments

In the event that either the CDA or the Co-Sponsor wishes to propose that the form of the 1996 Agreement contain amendments to the form of this agreement (other than such amendments as are required to substitute for each of the references to the years "1994", "1995" and "1996" references to the years "1995", "1996" and "1997" respectively), such amendments shall be circulated to the Board of Governors of CDA and each Participating Organization on or before July 1, 1995. No such amendments shall be incorporated into the 1996 Agreement unless the Board of Governors of CDA has approved them.

6. Communication of Plans

CDA shall, from time to time, furnish the Co-Sponsor with copies of all announcements, explanatory booklets, newsletters and other descriptive and promotional literature with respect to each Sponsored Plan prepared and distributed to Participants and potential Participants by CDSPI in accordance with the provisions of the Carrier's Agreements and shall arrange for representatives of the Carriers or CDSPI to attend conventions, conferences and meetings of members of the Co-Sponsor to provide information relating to the Sponsored Plans.

7. Correspondence with Members of Co-Sponsor

Copies of all correspondence exchanged in connection with any complaints or inquiries received by CDA from a member of the Co-Sponsor relating to the Plans (including, without limitation, correspondence involving any of CDA, CDSPI or the relevant issuer) shall, subject to the consent of the member first being obtained, be provided to the Co-Sponsor by CDA.

8. Statements

CDA shall deliver or shall cause CDSPI to deliver on its behalf, to the Co-Sponsor, annual statements for each Sponsored Plan setting out:

- (a) the enrolment statistics for the Plan;

- (b) a summary of all amounts received and disbursed in connection with the Plan;
- (c) details, as furnished by the Carrier of the Plan, of all claims made and/or paid thereunder; and
- (d) information, as furnished by the Carrier of the Plan, with respect to the claims, retention expenses, interest, reserves, contingency funds and surplus or deficit of the Plan.

Such information shall be provided for:

- (i) the group consisting of all the Participants in the Plan; and
- (ii) the group consisting of the Participants in the Plan who are participating in the Plan as members of the Co-Sponsor.

The Co-Sponsor shall keep such statements confidential but shall be entitled to make use of them or any information contained in or derived from them in connection with negotiating and arranging alternative coverage to replace a Sponsored Plan in which it ceases to participate pursuant to Section 4.

9. Surplus

In directing and controlling the administration of the Plans, CDA, through its Executive Council, shall adopt the policy of making use of surpluses arising under any Plan for the benefit of the Plan and the Plan Participants through the reduction of premiums, the improvement or addition of benefits, the payment of dividends or otherwise.

As soon as reasonably possible following its receipt of the audited annual financial statements for the CDIP Plans, the CDSPI Board of Directors shall be directed by CDA to prepare and submit to the CDA Executive Council its recommendations concerning the use of the surplus funds of the experience-rated Plans (if any) existing at the end of the immediately preceding calendar year. Upon receipt of such recommendations the CDA Executive Council shall review the status of the surplus funds (if any) and such recommendations and make a decision as to the use of the surplus funds.

10. Promotion

Subject to the guidance and control of CDA and CDSPI the Co-Sponsor shall promote the Sponsored Plans and encourage its members to become Participants therein. In this connection the Co-Sponsor shall:

- (a) facilitate the distribution to its members of announcements, booklets, application forms, newsletters and other descriptive and promotional

literature with respect to the Sponsored Plans prepared by CDSPI pursuant to the Carrier's Agreements;

- (b) assist in arranging meetings to permit the presentation of the Sponsored Plans to its members:
- (c) facilitate the presentation of the Sponsored Plans at conventions, conferences and meetings of its members and, in connection therewith, permit representatives of the Carriers and CDSPI to participate in the programs and allocate facilities to them where they can be contacted by attending members:
- (d) forward to the Carrier of each Sponsored Plan or CDSPI all inquiries regarding coverage, premiums and claims relating to the Sponsored Plan and where appropriate assist in resolving any complaints or other difficulties in connection therewith; and
- (e) assist in arranging for articles and advertisements with respect to the Sponsored Plans in its publications.

Any announcements, booklets and other descriptive and promotional literature prepared at any time by the Co-Sponsor with respect to a Sponsored Plan shall not be distributed to the Participants or potential Participants in such Plan until they have been

reviewed and approved for distribution by CDSPI and the Carrier. The Co-Sponsor shall not advertise or otherwise promote among its members any insurance plans which provide coverage which is similar to that provided under a Sponsored Plan and, without limiting the generality of the foregoing, the Co-Sponsor shall not permit representatives of the carrier of any such similar plan to promote such plan among the members of the Co-Sponsor at any convention, conference or meeting organized by or on behalf of the Co-Sponsor.

11. Benefit Committee

The Co-Sponsor shall elect or appoint from among its members a group or committee which shall have primary responsibility for discharging the obligations of the Co-Sponsor under this agreement and shall make such studies and perform such research as may be necessary to permit it to keep CDSPI and CDA fully informed regarding the needs and concerns of the members of the Co-Sponsor with regard to Plans and possible new Plans.

12. Term

This agreement shall continue in full force and effect for a one year period, ending on December 31, 1995. Prior to December 31, 1995 CDA and the Co-Sponsor may, but are under no obligation to, enter into a 1996 Agreement for a further term of one year upon such terms and conditions as such parties may agree. In the event that no such agreement is entered into this agreement shall, unless a notice under section 4 hereof was given by the Co-Sponsor before April 1, 1995 in respect of all the Sponsored Plans, continue in full force

and effect until December 31, 1996 and the Co-Sponsor shall be deemed to give notice of termination of sponsorship of all the Sponsored Plans on April 1, 1996.

13. Notices, etc.

Any notice, approval, authorization or other communication to be given pursuant to this agreement to either party shall be in writing and shall be deemed to have been duly given if delivered in person to the President, Chairman or Secretary of such party or, except during a period of general discontinuance of postal service, mailed by pre-paid registered mail addressed:

(a) if to CDA, to it at:

1815 Alta Vista Drive,
Ottawa, Ontario
K1G 3Y6

marked to the attention of its Secretary, or to such other address as CDA shall specify by notice to the Co-Sponsor; and

(b) if to the Co-Sponsor, to it at:

marked to the attention of its Secretary, or to such other address as the Co-Sponsor shall specify by notice to CDA;

and shall be deemed to have been given on the day of delivery or, except during a period of general discontinuance of postal service, on the seventh business day following mailing.

14. Successors and Assigns

This agreement shall enure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have duly executed this agreement.

THE CANADIAN DENTAL ASSOCIATION

By: _____

Date: _____

(Name of Co-Sponsor)

By: _____

Date: _____

December 22, 1994

Canadian Dent
Service Plans &
100 Consilium Place
Suite 710
Scarborough, Ontario
M1H 3G8

APPENDIX III
Toll free:
Service in English
1-800-561-9401
Service en français
1-800-663-9401

Dr. Daniel Pelland
Executive Director
L'Association des chirurgiens
dentistes du Québec
425 Boulevard de Maisonneuve Ouest
Bureau 1425
Montréal, Québec
H3A 3G5



CDSPI

Dear Dr. Pelland:

Re: Canadian Dentists' Insurance Program - Surplus

On the instructions of Jardine Neilson of the Canadian Dental Association I am enclosing a cheque issued from the CDIP Life Insurance Plan Surplus Account in the amount of \$174,000 payable to L'ASSOCIATION DES CHIRURGIENS DENTISTES DU QUEBEC. This cheque represents full and final settlement of all remaining outstanding issues relating to CDIP plan surplus between the CDA, CDSPI and ACDQ, including without limitation the issues relating to reimbursement of the ACDQ's legal costs and interest on such reimbursement.

Please confirm your receipt of this cheque to Peter Pliszka of Fasken Campbell Godfrey (Telephone (416)868-3336; Fax (416)362-2381) as soon as possible, either directly or through Mr. Migicovsky, so that he can proceed to distribute the original copies of the Releases to the appropriate parties.

Yours truly,

A. B. Moore
General Counsel
Extension 225

ABM/pam
Encl.

cc: Jardine Neilson, CDA
Peter Pliszka, Fasken Campbell Godfrey
David Migicovsky, Perley-Robertson, Panet,
Hill & McDougall

pelland.22/moore

Fasken Campbell Godfrey

BARRISTERS AND SOLICITORS

P.J. Pliszka
Direct Line: 868-3336
File No. 3300328/0040

December 16, 1994

DELIVERED

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista
Ottawa, Ontario
K1G 3Y6

Ms. Beth Moore
Canadian Dental Service Plans Inc.
100 Concilium Place
Suite 710
Scarborough, Ontario
M1H 3G8

Dear Sir/Madam:

Re: CDA Application

I have now received signed copies of the Release from Mr. Migicovsky. Mr. Migicovsky has provided eight originally executed copies of the Release, but they have been provided to me on the basis that I hold them in escrow pending delivery of payment to him; a photocopy of the original Releases is enclosed for your reference at this time.

I also enclose a copy of Mr. Migicovsky's covering letter. As you will see, Mr. Migicovsky is now demanding payment of interest on the \$170,000.00 from the date that the Court of Appeal released its decision - March 22, 1994. I have difficulty with his claim for interest. Under the *Courts of Justice Act* a party generally (although subject ultimately to the discretion of the Court) is entitled to post-judgment interest calculated from the date of the order. In this situation, however, while the award of costs is stated in a court order, it was the product of consent by the parties arising from their negotiated

Toronto

Toronto Dominion Bank Tower
P.O. Box 20
Toronto-Dominion Centre
Toronto, Canada M5K 1N6

Telephone 416/366-8381

Facsimile 416/364-7813

416/362-2381

Fasken Martineau

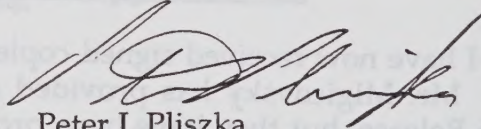
Toronto
416/366-8381
Montreal
514/397-7400
Quebec
418/640-2000
Vancouver (Affiliated)
604/687-9444
London
71/929-2894
Brussels
2/640-9796

settlement. The parties agreed that QDSA would be paid \$170,000.00. Throughout the negotiations, there was no claim by QDSA for, or indeed any mention of, the payment of interest, and consequently that was not a term of the agreement. Rather, the agreement was that CDA would pay QDSA \$170,000.00 in respect of costs.

Further, even if it were considered appropriate to pay interest to QDSA, the date of March 22, 1994 does not seem reasonable. That was the date that the court released its decision, but the court expressly postponed ruling on the issue of costs to provide the parties with an opportunity to reach an agreement. As you will recall, the parties negotiated over the next two months. The settlement agreement was not confirmed until almost mid-May, and the Court order stemming from the agreement was not submitted to the Court for processing until June 1994 (the date of "March 6, 1994" appears on the face of the order because it is customary to insert the date that the Court released its decision on the substantive legal issues of the hearing).

Regrettably, it appears that QDSA is once again seeking to vary the terms of the agreement after the fact. Once you have reviewed this letter, would you please contact me to discuss the manner in which to respond to Mr. Migicovsky's letter. Of course, if you have any questions or comments in the meantime regarding this matter, please do not hesitate to contact Jeff Leon or myself.

Yours very truly,



Peter J. Pliszka

PJP/br
Enclosure

cc Jeff Leon

PERLEY-ROBERTSON, PANET, HILL & McDOUGALL

**BARRISTERS & SOLICITORS-AVOCATS & PROCUREURS
PATENT & TRADE MARK AGENTS-AGENTS DE BREVETS & MARQUES**

**99 RUE BANK STREET
OTTAWA, CANADA, K1P 6C1
TEL: (613) 238-2022
1-800-268-8292
FAX: (613) 238-8775**

**Reply to/Communiquez avec:
DAVID MIGICOVSKY
Direct line/Ligne directe:
(613) 566-2833**

**Offices in/Bureaux à:
OTTAWA
KANATA
WASHINGTON, D.C.**

December 9, 1994

BY COURIER

**Mr. Peter J. Pliszka
Fasken, Campbell, Godfrey
Barristers & Solicitors
P.O. Box 20
Toronto-Dominion Centre
Toronto, Ontario
M5K 1N6**

Dear Mr. Pliszka:

Re: Canadian Dentists' Insurance Program - Surplus

Enclosed are eight original Releases that have been executed by my clients. Please note that this is the only form of Release that my clients are prepared to sign and they have not agreed to sign the Release provided under cover of your last letter.

You are instructed to hold all eight original Releases in trust until such time as a certified cheque has been forwarded to me. Your cheque should be payable to: L'ASSOCIATION DES CHIRURGIENS DENTISTES DU QUEBEC.

Paragraph 3 of the Order of the Court of Appeal dated March 22, 1994, provides that the costs to be paid to my clients are \$170,000.00. Pursuant to Section 129 of the *Courts of Justice Act*, interest at the post-judgment interest rate is to be paid on the \$170,000.00. The relevant post-judgment interest rate is 6%. Accordingly, as of today's date the amount owing by your clients is \$170,000.00 plus \$7,294.95 in interest. The per diem rate of interest is \$27.95.

PERLEY-ROBERTSON, PANET, HILL & McDOUGALL

Mr. Peter J. Pliszka

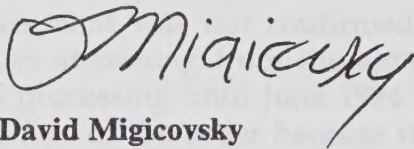
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December 9, 1994

You are not authorized to release the Releases until such time as a cheque in the amount of \$177,294.95 plus interest at the per diem rate of \$27.95 is forwarded.

If I do not hear from you, my instructions are to commence the necessary enforcement procedures.

Yours very truly,



David Migicovsky

20:gp
encl.

cc - Andre Tremblay

RELEASE

THE UNDERSIGNED (hereinafter called the "Releasors", which term includes their successors, heirs, executors, administrators, assigns, officers, directors, servants, agents and all other previously or presently related legal representatives) for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby remise, release and forever discharge Canadian Dental Association, Canadian Dental Service Plans Inc., Gilles Dubé, Les Allen, Bernie Dolansky, Kevin Roach, Jim Brookfield, Barry Dolman, Bryun Sigstead, Ron Smith, Ray Wenn and Bernie White (hereinafter called the "Releasees", which term includes their past, present and future heirs, executors, administrators, assigns, Executive Council members, officers, directors, servants, agents and all other previously, or presently or subsequently related legal representatives) of and from any and all actions, relating to the uses of surplus funds, including, causes of action, claims, claims over, cross-claims, suits, debts, dues, accounts, bonds, covenants, contracts or demands of any type which the Releasors ever had or now have against the Releasees (or one or some of them) which were brought or could have been brought in Ontario Court of Justice (General Division) action no. 47981/91, Ontario Court of Justice (General Division) application no. 56043/90Q or any other legal proceeding.

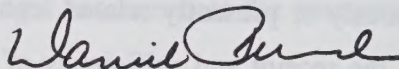
AND IT IS AGREED AND UNDERSTOOD by the Releasors that the Releasees do not by the consideration aforesaid or otherwise admit any liabilities or obligations of any kind whatsoever to the Releasors and such liabilities and obligations are, in fact, denied.

AND IT IS FURTHER AGREED AND UNDERSTOOD by the Releasors that for the aforesaid consideration, the Releasors will not make any claim or commence or maintain any action or proceeding against any person or corporation in which any claim could arise against the Releasees (or one or some of them) for contribution, indemnity or other relief over.

IN WITNESS WHEREOF the Releasors have hereunto set their hands, as follows:

DATE:

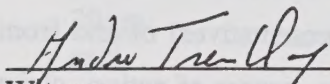
L'ASSOCIATION DES CHIRURGIENS-
DENTISTES DU QUEBEC



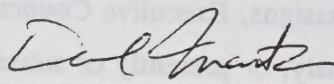
Name of Officer:

Position:

Date: 2/12/94

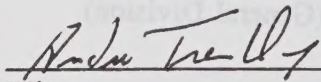


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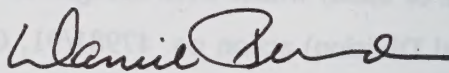


Daniel Montminy

Date: 2/12/94

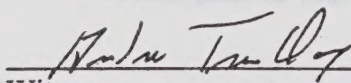


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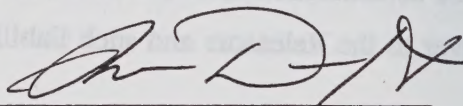


Daniel Pelland

Date: 2/12/94



Witness:

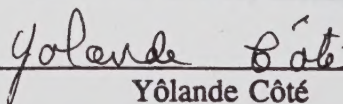


Robert Dupont

Date: 2/12/94



Witness:



Yolande Côté

ONTARIO COURT (GENERAL DIVISION)

THE HONOURABLE

Judge Sirois
BETWEEN:

) *FR* DAY, THE *20TH* DAY
)
) OF JANUARY, 1995

L'ASSOCIATION DES CHIRURGIENS-DENTISTES DU QUÉBEC,
DANIEL MONTMINY AND DANIEL PELLAND (suing on behalf of
themselves and all other Dentists in the Province of Quebec who are
members of l'Association des Chirurgiens-Dentistes du Québec and who
paid premiums for life insurance and/or disability insurance plans
sponsored by the Canadian Dental Association at any time from 1974 to 1990)

Plaintiffs

-and-

CANADIAN DENTAL ASSOCIATION, CANADIAN DENTAL SERVICES
PLANS INC., GILLES DUBE, LES ALLEN, BERNIE DOLANSKY,
KEVIN ROACH, JIM BROOKFIELD, BARRY DOLMAN, BRYUN
SIGFSTEAD, RON SMITH, RAY WENN, AND BERNIE WHITE

Defendants

ORDER

THIS MOTION made by the parties on consent, was read this day at 161 Elgin
Street, Ottawa, Ontario.

ON READING the consent filed,

1. THIS COURT ORDERS that the within action be and is hereby dismissed; and

2. THIS COURT ORDERS that there be no order as to costs.

Babiarce

224
72
Jan 23 1995
8



MEMORANDUM

October 18, 1994

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

TO: Chairman & Members, Board of Governors
President & CEO, Corporate Members

FROM: Sandra Davis, Manager, Corporate Affairs *S. Davis*

SUBJECT: Recommendations from the Council on Insurance
and Investment for Implementation - January 1, 1995

Attached for your information are copies of recommendations from the Council on Insurance and Investment which were approved by the Executive Council at its October 4 meeting. A decision on these items was required of the Executive Council, in order that they be implemented effective January 1, 1995.

This notice is provided in keeping with Article IX - Section 7 of the CDA Constitution and By-Laws. This information will also be provided in the Executive Council's report to the 1995 Interim Meeting.

Attachment

c.: Mr. Kingsley Butler, Executive-Vice President, CDSPI
Dr. Ron Markey, CDA member at large

**RECOMMENDATIONS FROM THE
COUNCIL ON INSURANCE AND INVESTMENT
APPROVED BY EXECUTIVE COUNCIL
AT ITS OCTOBER 4, 1994 MEETING**

CDIP Benefit Plans - 1995 Renewal

THAT effective January 1, 1995 the CDIP LTD and OOE Plans have male/female premium rates as proposed by the insurer.

THAT the Benefit Plans underwritten by Sun Life Group Assurance Company be renewed for 1995 with a premium increase of 2% on life premiums and no premium increase on other benefit plans.

THAT in its capacity as the CDA's Council on Insurance and Investment it recommends to the Executive Council of the CDA that the Executive Council, as trustees of the CDA Life Insurance Plan Trust, authorize the following uses of the surplus of the CDIP Life Insurance Plan:

- 1) The transfer from the CDIP Life Insurance Plan Surplus account to the appropriate accounts of the Prudential Group Assurance Company of England (Canada) (or its successor company), following the audit by consultants designated by CDSPI of the financial statements for the CDIP Life Insurance plan as at December 31, 1994, of an amount not exceeding \$750,000 to the extent required to fund (i) 100% of any underwriting deficit existing in the CDIP Life Insurance plan as of December 31, 1994, and (ii) 50% of the target rate stabilization reserve for the CDIP Life Insurance Plan as of January 1, 1995; and
- 2) The transfer from the CDIP Life Insurance Plan Surplus account to the appropriate accounts of the Prudential Group Assurance Company of England (Canada) (or its successor company), following the audit by consultants designated by CDSPI of the financial statements for the CDIP Life Insurance plan as at December 31, 1995, of an amount not exceeding \$350,000 to the extent required to fund (i) the balance of any underwriting deficit as of December 31, 1994 which has not been recovered from the payment authorized in paragraph 1 of this recommendation and/or plan experience, and (ii) 50% of the target rate stabilization reserve for the CDIP Life Insurance plan as at January 1, 1996.

AFLAC Insurance Company of Canada - New Product

THAT a First Support Hospital Cash Plan insured by AFLAC Canada be offered as part of CDIP effective January 1, 1995.

New Fund for CDA RSP

THAT an International Equity Fund be added to the CDA RSP as soon as it can be implemented.

Uses of Life/Disability Surplus

THAT in its capacity as the CDA's Council on Insurance and Investment it recommends to the Executive Council of the CDA that the Executive Council, as trustees of the CDA Life Insurance Plan Trust and the CDA Disability Insurance Plan Trust:

- 1) Authorize the surplus of the trusts as at June 30, 1994 be designated to be used as set out on pages one and two of this report;

and
- 2) Direct the staff of CDSPI to take the actions and give the instructions to the Prudential Group Assurance Company of England (Canada) which are required in order to implement the authorized uses of plan surpluses.

THAT the unallocated surplus funds be expressly earmarked for distribution at a later date, such as the end of 1995 but expressly subject to any material changes in circumstances of the plan's experience which could require reallocation of these funds to the contingency reserve fund (or otherwise) to stabilize the plan at that time.

CDIP Premium Payment Options

THAT commencing with the 1995 premium year:

- a) CDIP participants be given the option of paying insurance premiums on an annual, quarterly or monthly basis, subject to an added 2% annual fee being payable by participants choosing the quarterly or monthly payment options;
- and
- b) Participants selecting the annual or quarterly payment option be given the further option of paying their premiums by credit card (Visa only).

Participant's Assistance Plan

THAT a Participants Assistance Program (PAP) be available to CDIP Life, LTD and OOE Plan participants; such funding to come from the retention costs of Prudential (Sun) for these plans; implementation date as soon as possible and promotion to be commenced no later than January 1, 1995.

Dentists' Staff Package

THAT a basic non-medical component be added to the current Dentists' Staff Package as outlined in the Prudential proposal of August 9, 1994 and be offered to eligible employees of dentists as of January 1, 1995.

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Year Ended May 27, 1994

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Statement of Income	3 and 4
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Investment Portfolios	6 to 17
Notes to the Financial Statements	18 and 19

Clarke
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AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF THE CANADIAN DENTAL ASSOCIATION TRUSTEES FOR THE PARTICIPANTS IN THE CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

We have audited the statement of financial position and investment portfolios of the Canadian Dental Association Retirement Savings Plan as at May 27, 1994 and the statements of income and changes in net assets for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position and investment portfolios of the Plan as at May 27, 1994 and the results of its operations and the changes in its net assets for the year then ended in accordance with generally accepted accounting principles.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
June 29, 1994

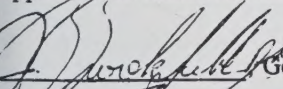
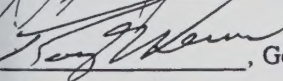
CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF FINANCIAL POSITION

As at May 27, 1994

	1994	1993
ASSETS		
BOND & MORTGAGE FUND		
Investments, at market value		
Mortgage fund units	\$ 3,231,339	\$ 3,070,190
Bonds	41,424,858	43,531,684
Cash and short term deposits	776,932	4,263,891
Accrued income	987,080	984,813
	46,420,209	51,850,578
COMMON STOCK FUND		
Investments, at market value		
Common stocks	47,990,217	43,400,755
Pooled fund units	2,886,258	-
Cash and short term deposits	7,443,674	1,985,186
Accrued income	131,732	90,107
	58,451,881	45,476,048
MONEY MARKET FUND		
Investments, at market value		
Bonds	8,404,756	8,689,498
Cash and short term deposits	21,732,869	19,876,041
Accrued income	60,243	183,226
	30,197,868	28,748,765
BALANCED FUND		
Investments, at market value		
Pooled fund units	6,430,024	-
Bonds	10,543,212	8,036,503
Common stocks	10,270,986	9,564,749
Cash and short term deposits	1,124,396	1,706,587
Accrued income	310,456	201,967
	28,679,074	19,509,806
AGGRESSIVE EQUITY FUND		
Investments, at market value		
Common stocks	1,431,829	-
Cash and short term deposits	1,085,926	-
Accrued income	4,907	-
	2,522,662	-
G.I.C. FUND		
Investment certificates of The Imperial Life Assurance Company of Canada including accrued interest	25,169,188	35,108,105
TOTAL ASSETS OF THE PLAN REPRESENTING PARTICIPANTS' INTEREST	\$191,440,882	\$180,693,302

Approved on behalf of Canadian Dental Association:

 Governor
 Governor

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF INCOME

Year ended May 27, 1994

	1994	1993
BOND & MORTGAGE FUND		
Income		
Interest - bonds	\$3,692,643	\$3,179,432
Interest - cash and short term deposits	206,991	369,675
Gain on sale of investments	1,509,561	1,117,681
	5,409,195	4,666,788
Expenses		
Administration fees	494,810	419,990
Other	4,823	5,722
	499,633	425,712
	4,909,562	4,241,076
COMMON STOCK FUND		
Income		
Dividends	841,396	997,789
Interest - cash and short term deposits	186,024	136,150
Interest - bonds	36,984	-
Gain on sale of investments	11,686,592	1,807,012
	12,750,996	2,940,951
Expenses		
Administration fees	507,579	368,956
Other	5,867	4,981
	513,446	373,937
	12,237,550	2,567,014
MONEY MARKET FUND		
Income		
Interest - bonds	108,444	178,939
Interest - cash and short term deposits	1,064,655	1,620,535
Gain on sale of investments	77,787	340,864
	1,250,886	2,140,338
Expenses		
Administration fees	167,568	168,576
Other	3,139	3,198
	170,707	171,774
	\$1,080,179	\$1,968,564

ANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF INCOME (CONTINUED)

Year ended May 27, 1994

	1994	1993
BALANCED FUND		
Income		
Dividends	\$ 182,662	\$ 69,075
Interest - bonds	772,466	220,014
Interest - cash and short term deposits	106,381	45,192
Gain on sale of investments	1,754,890	3,420,552
	2,816,399	3,754,833
Expenses		
Administration fees	247,264	168,627
Other	2,926	2,198
	250,190	170,825
	2,566,209	3,584,008

AGGRESSIVE EQUITY FUND

Income		
Dividends	535	-
Interest - cash and short term deposits	8,647	-
Loss on sale of investments	(1,425)	-
	7,757	-
Expenses		
Administration fees	4,613	-
Other	245	-
	4,858	-
	2,899	-

I.C. FUND

Interest income	\$2,725,299	\$3,629,706
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CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS

Year ended May 27, 1994

	1994	1993
BOND & MORTGAGE FUND		
Net deposits (redemptions)	\$ (7,737,991)	\$ 7,940,313
Net income	4,909,562	4,241,076
Change in market value of investments	(2,601,940)	703,669
Increase (decrease) in net assets	(5,430,369)	12,885,058
Net assets - at beginning of year, at market value	51,850,578	38,965,520
Net assets - at end of year, at market value	46,420,209	51,850,578
Unit value (note 4)	10.98293	105.61792
COMMON STOCK FUND		
Net deposits (redemptions)	6,797,204	(2,043,667)
Net income	12,237,550	2,567,014
Change in market value of investments	(6,058,921)	4,235,531
Increase in net assets	12,975,833	4,758,878
Net assets - at beginning of year, at market value	45,476,048	40,717,170
Net assets - at end of year, at market value	58,451,881	45,476,048
Unit value	23.72357	20.99509
MONEY MARKET FUND		
Net deposits (redemptions)	436,089	(2,330,405)
Net income	1,080,179	1,968,564
Change in market value of investments	(67,165)	(244,607)
Increase (decrease) in net assets	1,449,103	(606,448)
Net assets - at beginning of year, at market value	28,748,765	29,355,213
Net assets - at end of year, at market value	30,197,868	28,748,765
Unit value	66.87804	64.49334
BALANCED FUND		
Net deposits	7,794,948	1,915,792
Net income	2,566,209	3,584,008
Change in market value of investments	(1,191,889)	(1,770,568)
Increase in net assets	9,169,268	3,729,232
Net assets - at beginning of year, at market value	19,509,806	15,780,574
Net assets - at end of year, at market value	28,679,074	19,509,806
Unit value	42.35626	39.40755
AGGRESSIVE EQUITY FUND		
Net deposits	2,582,859	-
Net income	2,899	-
Change in market value of investments	(63,096)	-
Increase in net assets	2,522,662	-
Net assets - at beginning of year, at market value	-	-
Net assets - at end of year, at market value	2,522,662	-
Unit value	9.68792	-
G.I.C. FUND		
Net redemptions	(12,664,216)	(7,705,623)
Net income	2,725,299	3,629,706
Decrease in net assets	(9,938,917)	(4,075,917)
Net assets - at beginning of year	35,108,105	39,184,022
Net assets - at end of year	\$25,169,188	\$35,108,105

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

BOND & MORTGAGE FUND

UNITS	NO. OF UNITS	COST	MARKET VALUE
The Imperial Life Assurance Company of Canada Pooled Mortgage Fund Units	26,281	\$ 924,258	\$ 3,231,339

BONDS	PAR VALUE	COST	MARKET VALUE
Government of Canada			
September 1, 2000 - 11.50%	675,000	759,037	775,845
March 1, 2001 - 10.50%	2,225,000	2,653,523	2,461,740
June 1, 2001 - 9.75%	750,000	779,775	802,050
April 1, 2002 - 8.50%	4,075,000	4,319,400	4,077,445
June 1, 2008 - 10.00%	1,975,000	2,379,035	2,189,090
March 15, 2014 - 10.25%	2,800,000	3,383,340	3,201,520
		14,274,110	13,507,690
Provincial Bonds			
Saskatchewan - 12.25%, due June 5, 1995	850,000	909,750	889,542
Oniario Hydro - coupon, due June 16, 1995	778,625	732,009	722,953
- 10.875%, due January 8, 1996	2,500,000	2,702,450	2,621,843
- 9.00%, due April 22, 1996	475,000	429,281	484,795
Nova Scotia - 15.00%, due December 22, 1996	700,000	873,320	809,059
Saskatchewan - 10.125%, due July 3, 1998	450,000	471,150	472,520
Nova Scotia Power Corporation - 6.50%, due December 15, 1998	325,000	323,050	299,293
Saskatchewan - 11.25%, due July 12, 2000	550,000	543,400	610,707
Quebec - 10.25%, due October 15, 2001	1,450,000	1,593,935	1,523,515
Ontario Hydro - 9.00%, due April 16, 2002	1,600,000	1,744,800	1,592,366
Manitoba - 9.75%, due September 3, 2002	625,000	630,219	655,313
- 9.75%, due May 15, 2011	350,000	349,562	375,655
Quebec Hydro - 10.00%, due September 26, 2011	925,000	965,793	955,303
British Columbia - 9.50%, due January 9, 2012	900,000	928,890	932,274
		13,197,609	12,945,138
Municipal Bonds			
Regional Municipality of Waterloo - 9.375%, due December 4, 2000	850,000	\$ 898,195	\$ 865,385

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

BOND & MORTGAGE FUND (Continued)

BONDS	PAR VALUE	COST	MARKET VALUE
Corporate Bonds			
Alberta Energy Co. - 10.50%, due June 30, 1996	750,000	\$ 785,768	\$ 786,634
Bank of Montreal B/A - 10.85%, due December 20, 2008	250,000	248,000	282,500
Bombardier Inc. - 11.10%, due May 15, 2001	300,000	303,750	329,247
Canadian Government Real Return Bond - 4.25% due December 1, 2021	1,450,000	1,703,719	1,478,420
Canadian National Railway - 12.25%, due May 1, 2005	521,000	518,395	577,008
Federal Business Development Bank - 11.50% due March 29, 1995	500,000	543,750	516,100
Loblaw Companies Ltd. - coupon, due November 23, 1994	750,000	703,155	726,375
- 9.75% due September 30, 2001	500,000	536,350	511,800
Maritime Telegraph and Telephone - 9.90% due May 1, 1997	1,000,000	1,020,000	1,038,546
McDonald's Canada - 10.125%, due May 9, 1996	500,000	543,750	516,750
New Brunswick Telephone Company Ltd. - 9.70% due June 15, 1997	700,000	745,640	725,216
Quebec Water Purification - 10.25%, due September 19, 1996	1,025,000	1,102,357	1,060,055
Royal Bank of Canada - 11.00% due January 11, 2002	250,000	259,075	275,023
- 10.50% due March 1, 2002	350,000	350,000	375,496
Transcanada Pipelines Ltd. - 10.45%, due December 20, 1996	825,000	883,534	873,048
		10,247,243	10,072,218
National Housing Act - Mortgage-Backed Securities			
Canada Trust - 7.75% due July 1, 1997	687,754	670,766	677,300
Firstline Trust - 7.125%, due December 1, 2003	622,655	613,788	553,976
National Bank - 8.375% due April 1, 1997	716,286	707,089	716,142
Royal Trust - 8.625% due April 1, 1997	996,309	1,005,556	1,001,191
Structured MBS Inc. - 6.375% due August 1, 1998	1,175,000	1,161,151	1,085,818
		4,158,350	4,034,427
TOTAL BONDS		\$42,775,507	\$41,424,858

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

COMMON STOCK FUND

UNITS	NO. OF UNITS	COST	MARKET VALUE
Altamira Pooled EAFE (Europe, Asia and Far East) Equity Units	266,211	\$2,850,000	\$2,886,258

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
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Communications and Media

G.T.C. Transcontinental Group Ltd. Class A	58,700	493,902	458,594
Hollinger Inc.	62,200	816,375	987,425
Quebecor Inc. Class B	39,800	578,727	741,275
Thomson Corp.	84,800	1,546,553	1,431,000
		3,435,557	3,618,294

Consumer Products

Empire Co., Ltd. Class A	37,100	617,558	602,875
Labatt (John) Ltd.	66,500	1,056,798	947,625
Philip Environmental, Inc.	79,300	583,523	703,788
Seagram Co. Ltd.	46,700	1,732,109	1,897,187
		3,989,988	4,151,475

Financial Services

Canadian Imperial Bank of Commerce	55,500	1,814,581	1,699,688
National Bank of Canada	50,000	504,626	462,500
		2,319,207	2,162,188

Gold and Silver

Cambior Inc.	29,000	555,318	558,250
Golden Star Resources Inc.	41,600	829,180	780,000
Lac Minerals Ltd.	59,600	723,754	737,550
Pegasus Gold Inc.	15,700	449,838	372,875
Placer Dome Inc.	60,000	1,439,809	1,890,000
TVX Gold Inc.	74,700	396,602	672,300
		4,394,501	5,010,975

Industrial Products

Bombardier Inc. Class B	55,600	1,238,151	1,153,700
Co-Steel Inc.	28,700	764,732	839,475
I.S.G. Technologies Inc.	12,200	141,064	123,525
Ipsco Inc.	12,000	304,490	300,000
Kaufel Group Ltd. Class B	65,500	514,865	442,125
Methanex Corp.	112,526	931,585	1,097,128
Mitel Corp.	67,800	465,212	347,475
Moore Corp. Ltd.	46,100	1,138,896	1,210,125
Nova Corp.	256,300	2,475,510	2,883,375
Spar Aerospace Ltd.	40,400	707,613	681,750
United Dominion Industries Ltd. Units	19,200	525,674	537,600
		\$ 9,207,792	\$ 9,616,278

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

COMMON STOCK FUND (Continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Management Companies			
Federal Industries Ltd. Class A	20,000	\$ 152,502	\$ 135,000
Onex Corp.	37,000	557,122	536,500
		709,624	671,500
Merchandising			
Etac Sales Ltd.	85,700	486,503	0
Hudson's Bay Co.	56,700	1,691,217	1,793,138
International Semi-Tech Microelectronics Inc.	105,800	853,650	740,600
Reitman's (Canada) Ltd. Class A	20,000	482,883	340,000
		3,514,253	2,873,738
Metals and Minerals			
Metall Mining Corp.	28,200	359,186	345,450
Noranda Inc.	44,700	924,920	1,190,137
Rio Algom Ltd.	20,600	453,200	507,275
Rio Algom Ltd. Warrants	10,300	10,300	39,655
Sherritt Inc.	94,200	1,178,090	1,106,850
Teck Corp. Class B	15,200	390,962	387,600
		3,316,658	3,576,967
Oil and Gas			
Cabre Exploration Ltd.	39,300	547,792	604,238
Dorset Exploration Ltd.	64,800	701,495	745,200
Elan Energy Inc.	96,600	897,304	1,038,450
Inverness Petroleum Ltd.	53,000	479,651	589,625
Jordan Petroleum Ltd. Class A	5,900	49,821	58,262
Mark Resources Inc.	100,100	851,115	875,875
Norcen Energy Resources Ltd.	50,500	773,876	725,937
North Canadian Oils Ltd.	30,600	379,331	371,025
Northstar Energy Corp.	45,600	586,774	726,750
Poco Petroleums Ltd.	113,200	1,129,573	1,174,450
Rigel Energy Corp.	18,100	334,178	355,213
Summit Resources Ltd.	32,500	292,676	292,500
Talisman Energy Inc.	29,000	307,400	717,750
Wascana Energy Inc.	27,200	273,589	289,000
		7,604,575	8,564,275
Paper and Forest Products			
Alliance Forest Products Inc.	28,700	488,001	498,662
Avenor Inc.	62,200	596,543	544,250
Cascades Paperboard Ltd.	7,900	53,549	55,300
Doman Industries Ltd. Class B	47,700	786,282	733,387
MacMillan Bloedel Ltd.	139,100	1,485,486	1,095,413
Tembec Inc. Class A	97,000	986,226	945,750
		4,396,087	3,872,762
Transportation			
Air Canada	171,900	1,181,446	1,160,325
TOTAL CANADIAN EQUITIES (94.35%)		\$44,069,688	\$45,278,777

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

COMMON STOCK FUND (Continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Basic Industries			
Banyan Systems Inc.	1,000	\$ 22,878	\$ 20,104
Bolt Beranek & Newman, Inc.	12,000	294,621	203,815
Browning-Ferris Industries, Inc.	5,000	197,353	202,776
Georgia-Pacific Corp.	900	79,386	80,486
Owens Corning Fiberglass Inc.	500	26,649	22,011
Tidewater, Inc.	1,000	28,373	29,810
USG Corp.	2,200	102,917	70,538
Union Carbide Corp.	1,600	40,913	62,115
		793,090	691,655
Capital Goods			
Ingersoll-Rand Co.	2,800	143,899	136,848
Capital Goods - Technology			
Data General Corp.	8,000	87,018	84,577
Intel Corp.	1,000	100,448	85,096
		187,466	169,673
Consumer Cyclical			
Carson Pirie Scott & Co.	2,800	66,732	68,909
General Motors Corp.	1,700	136,161	127,870
		202,893	196,779
Consumer Growth			
Arrow Electronics, Inc.	1,200	68,436	64,680
Gtech Holdings Corp.	1,800	92,313	57,713
Masco Corp.	1,500	66,537	57,713
Merck & Co., Inc.	2,500	103,949	105,721
National Medical Enterprises, Inc.	5,700	137,661	132,376
Time Warner Inc.	3,500	197,689	193,503
Todays Man Inc.	4,300	74,511	67,072
		741,096	678,778
Credit Cyclical			
Best Buy Co. Inc.	800	35,547	32,583
Defensive Consumer Staples			
Diagnostek Inc.	2,900	69,526	84,438
Energy			
Baker Hughes Inc.	1,600	40,079	43,259
Dresser Industries Inc.	1,600	49,582	49,914
Tenneco Inc.	900	65,705	60,677
Valero Energy Corp.	4,500	128,663	123,225
		284,029	277,075
Financial			
California Federal Bank Class A	1,300	\$ 18,391	\$ 20,503

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN
INVESTMENT PORTFOLIOS

As at May 27, 1994

COMMON STOCK FUND (Continued)

UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Transportation			
AMR Corp.	2,100	\$ 178,245	\$ 158,685
Utilities			
Emerson Electric Co.	700	57,363	58,112
Telefonos De Mexico S.A.	2,400	158,121	206,311
		215,484	264,423
TOTAL UNITED STATES EQUITIES (5.65%)		2,869,666	2,711,440
TOTAL COMMON STOCKS (100.00%)		\$46,939,354	\$47,990,217

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

MONEY MARKET FUND

BONDS	PAR VALUE	COST	MARKET VALUE
Government of Canada			
June 1, 1994 - coupon	869,375	\$ 860,682	\$ 868,687
October 1, 1994 - coupon	2,500,000	2,433,275	2,444,710
	3,369,375	3,293,957	3,313,397
Provincial Bonds			
Saskatchewan - 10.00% due June 10, 1994	625,000	634,625	625,771
Quebec - coupon due June 12, 1994	865,000	854,888	862,768
Ontario Hydro - coupon due June 16, 1994	1,300,000	1,284,561	1,295,797
Quebec - coupon due August 31, 1994	1,500,000	1,466,925	1,475,169
Quebec Hydro - coupon due September 25, 1994	850,000	832,728	831,854
		5,073,727	5,091,359
TOTAL BONDS		\$ 8,367,684	\$ 8,404,756

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

BALANCED FUND

UNITS	NO. OF UNITS	COST	MARKET VALUE
Knight Bain Seath & Holbrook			
Europe, Asia, and Far East Equity Fund Pooled Units	230,586	\$2,830,000	\$2,824,682
International Fund Pooled Units	189,428	2,813,527	2,723,780
Special Equity Fund Pooled Units	36,100	898,966	881,562
		6,542,493	6,430,024

BONDS	PAR VALUE	COST	MARKET VALUE
Government of Canada			
October 1, 1997 - 9.75%	369,000	404,506	387,474
September 1, 1998 - 6.50%	2,900,000	2,751,087	2,730,780
June 1, 2003 - 7.25%	4,800,000	4,572,040	4,423,680
June 1, 2004 - 6.50%	575,000	502,803	497,165
June 1, 2023 - 8.00%	1,125,000	1,065,373	1,043,155
		9,295,809	9,082,254
Provincial Bonds			
Nova Scotia Power - 6.50% due December 15, 1998	150,000	149,100	138,135
Ontario Hydro - 10.625% due February 19, 1997	264,000	272,184	279,762
		421,284	417,897
Corporate Bonds			
Abitibi-Price Inc. - 7.85% due March 1, 2003	68,000	77,661	88,740
National Housing Act - Mortgage-Backed Securities			
Canada Trust - 7.75% due July 1, 1997	126,088	122,974	124,171
Firstline Trust - 7.125% due December 1, 2003	74,719	73,654	66,477
National Bank - 8.375% due April 1, 1997	130,234	128,562	130,208
Royal Trust - 8.625% due April 1, 1997	130,130	128,121	130,768
- 7.25% due October 1, 1997	62,664	59,667	60,709
Pacific Coast - 6.625% due August 1, 1998	467,995	441,988	441,988
		954,966	954,321
TOTAL BONDS		\$10,749,720	\$10,543,212

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

BALANCED FUND (Continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Communications and Media			
BCE Mobile Communications Ltd.	8,000	\$ 316,401	\$ 303,000
Quebecor Inc. Class B	6,700	73,968	124,788
Shaw Communications Inc. Class B	21,900	266,657	271,012
Southam Inc.	14,700	273,201	294,000
Thomson Corp.	16,000	286,801	270,000
Videotron Ltd.	8,900	124,956	126,825
		1,341,984	1,389,625
Consumer Products			
Delrina Corp.	14,600	366,790	323,025
Labatt (John) Ltd.	10,100	166,563	143,925
Seagram Co. Ltd.	11,200	418,140	455,000
		951,493	921,950
Financial Services			
Bank of Montreal	9,400	166,731	245,575
Bank of Nova Scotia	15,300	386,249	428,400
Canadian Imperial Bank of Commerce	17,700	578,938	542,063
MacKenzie Financial Corp.	35,400	335,893	340,725
Royal Bank of Canada	4,300	113,643	122,550
		1,581,454	1,679,313
Gold and Silver			
Franco-Nevada Mining Corp. Ltd.	3,000	234,180	237,000
Placer Dome Inc.	7,400	142,799	233,100
		376,979	470,100
Industrial Products			
Acklands Ltd.	13,100	156,664	181,763
Co-Steel Inc.	13,000	362,772	380,250
Ipsco Inc.	8,000	199,401	200,000
Northern Telecom Ltd.	5,000	204,417	215,625
United Dominion Industries Ltd.	10,100	237,052	273,962
		1,160,305	1,251,600
Management Companies			
Canadian Pacific Ltd.	21,300	418,478	473,925
Scott's Hospitality Inc.	10,900	76,000	95,375
		494,478	569,300
Merchandising			
Cara Operations Ltd. Class A	33,100	141,895	132,400
Etac Sales Ltd.	20,500	116,193	0
Loblaw Cos. Ltd.	8,100	188,481	188,325
SHL Systemhouse Inc.	24,700	256,476	237,737
UAP Inc. Class A	8,250	114,172	119,625
		\$ 817,217	\$ 678,087

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

BALANCED FUND (Continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Metals and Minerals			
Potash Corp. of Saskatchewan Inc.	3,400	\$ 113,775	\$ 122,400
Princeton Mining Corp. - Warrants	16,182	0	324
Teck Corp. Class B	3,100	73,657	79,050
		187,432	201,774
Oil and Gas			
Alberta Natural Gas Co. Ltd.	18,000	302,371	279,000
Chauvco Resources Ltd.	13,600	252,766	231,200
Conwest Exploration Ltd.	18,500	402,951	411,625
E-L Financial Corp. Ltd.	2,500	177,526	167,812
Renaissance Energy Ltd.	11,000	279,844	343,750
Tri Link Resources Inc.	15,000	165,371	183,750
		1,580,829	1,617,137
Paper and Forest Products			
Doman Industries Ltd. Class B	24,000	405,952	369,000
Fletcher Challenge Canada Ltd. Class A	9,100	180,181	171,763
Fletcher Challenge Canada Ltd.	10,500	123,983	99,750
MacMillan Bloedel Ltd.	7,100	85,161	55,912
Pacific Forest Products Inc.	4,000	52,000	58,000
Quno Corporation	7,100	109,120	168,625
Tembec Inc. Debentures	40,000	40,000	48,400
Tembec Inc. Class A	8,100	82,418	78,975
		1,078,815	1,050,425
Transportation			
Laidlaw Inc. Class B	45,300	399,061	441,675
TOTAL COMMON STOCKS		\$ 9,970,047	\$10,270,986

ANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

as at May 27, 1994

AGGRESSIVE EQUITY FUND

ANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Communications and Media			
Alliance Communications Corp.	2,500	\$ 33,586	\$ 33,125
Cinar Films Inc.	3,400	29,833	29,750
Dion Entertainment Corp.	1,100	1,926	1,485
Malofilm Communications Inc.	8,700	29,486	27,623
Nelvana Limited	600	8,550	9,150
NII Norsat International Inc.	6,500	13,539	13,000
		116,920	114,133
Consumer Products			
Allelix Biopharmaceuticals Inc.	4,000	30,041	31,000
Bioniche Inc.	6,700	28,689	24,790
Canadian Bank Note Co. Ltd.	3,900	43,901	39,000
Noble China Inc.	3,000	21,926	19,875
Norwall Group Inc.	2,800	32,159	30,800
Paige Innovations Inc.	8,800	26,311	29,040
Paige Innovations Inc. Warrants	500	2,006	275
Richelieu Hardware Ltd.	3,500	34,265	32,594
TM Technologies Corp.	2,600	3,597	3,770
Viceroy Homes Ltd. Class A	6,000	28,861	21,000
		251,756	232,144
Gold and Silver			
Aur Resources Inc.	2,300	15,065	8,970
Golden Star Resources Ltd.	2,700	55,012	50,625
Rayrock Yellowknife Resources Inc.	400	7,820	7,850
Vengold Inc.	1,300	16,516	13,650
Viceroy Resources Corp.	2,300	23,609	23,862
Wharf Resources Ltd.	2,600	34,281	33,475
		152,303	138,432
Industrial Products			
Acklands Ltd.	2,100	30,199	29,138
Advanced Gravis Computer Technologies Ltd.	3,600	6,409	6,840
Anchor Lamina Inc.	7,100	50,710	49,700
Exco Technologies Ltd.	4,100	39,511	39,975
Firan Corp.	6,800	27,597	27,710
I.S.G. Technologies Inc.	1,800	21,690	18,225
Intera Information Technologies Corp. Class A	3,300	22,721	19,387
ISM Information Systems Management Corp.	2,200	38,806	36,300
Malette Inc.	3,000	29,656	30,000
Modatech Systems Inc.	6,000	34,560	26,700
Park Meditech Inc.	4,900	19,160	14,700
Precision Drilling Corporation Class A	1,900	31,171	31,825
Saturn (Solutions) Inc.	1,600	14,481	14,000
Stackpole Limited	2,100	27,412	26,512
Triad Technologies Ltd.	7,600	14,095	10,336
		408,178	381,348
Merchandising			
Forzani Group Ltd. Class A	3,000	33,781	31,500
Waijax Ltd. Class A	900	8,586	8,775
		\$ 42,367	\$ 40,275

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 27, 1994

AGGRESSIVE EQUITY FUND (Continued)

CANADIAN EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Metals and Minerals			
Global Stone Corporation	5,000	\$ 27,551	\$ 27,500
Miramar Mining Corp.	6,100	41,737	35,075
Orvana Minerals Corp.	4,000	31,593	31,000
Platinova Resources Ltd. Special Shares	2,800	10,304	9,800
Southern Resources Ltd.	4,500	30,556	28,125
Tiomin Resources Inc.	9,400	20,099	20,210
Western Garnet Co. Limited	4,600	23,139	24,150
		184,979	175,860
Oil and Gas			
Aber Resources Ltd.	7,000	30,890	37,625
Atcor Resources Ltd. Class A	7,700	32,817	31,955
Ballistic Energy Corporation	1,000	8,801	9,125
Blue Range Resources Corp. Class A	3,000	31,099	33,000
Petromet Resources Ltd.	3,200	27,118	29,600
Petrostar Petroleum Inc.	4,600	9,293	9,062
Redstone Resources Inc.	5,000	39,375	37,500
Remington Energy Ltd.	2,300	8,451	8,395
Sidus Systems Inc.	1,500	27,075	25,125
Solid State Geophysical Inc.	3,200	32,129	31,000
Stampeder Explorations Ltd.	5,100	27,418	30,600
Tri Link Resources Limited	1,500	16,989	18,375
		291,455	301,362
Transportation			
Transat A.T. Inc.	3,000	9,870	9,900
Vitran Corp. Inc. Class A	4,300	25,648	27,144
		35,518	37,044
TOTAL CANADIAN EQUITIES (99.22%)		1,483,476	1,420,598
UNITED STATES EQUITIES	NO. OF SHARES	COST	MARKET VALUE
Basic Industries			
Alias Research Inc.	600	11,447	11,231
TOTAL UNITED STATES EQUITIES (0.78%)		11,447	11,231
TOTAL COMMON STOCKS (100.00%)		\$ 1,494,923	\$ 1,431,829

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

Year ended May 27, 1994

1. OPERATIONS

The Canadian Dental Associations Retirement Savings Plan (CDA RSP) was established in 1957. CDA-RSP is offered by the Canadian Dental Association as a membership benefit and is administered by the Canadian Dental Services Plan Inc. CDA-RSP provides dental professionals in Canada with a flexible method of investing savings to obtain income tax deferral for contributions and earnings thereon.

The Canadian Dental Association Retirement Income Fund (CDA RIF) was introduced in 1993 as part of CDA-RSP for retired participants of the dental profession in Canada. These financial statements include the assets, liabilities and operations of both the retirement savings sector and the retirement income sector of CDA-RSP.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with accounting principles generally acceptable for pooled trust funds. A description of accounting policies of particular significance is as follows:

Fiscal year end

The Plan's fiscal year ends on the last Friday in May. Thus the 1994 statements are for the 52 week period ended May 27, 1994, while the comparative figures shown are for the 52 week period ended May 28, 1993.

Investments

Investments are stated at market value and are recorded as of the trade date. Market value is determined on the following basis:

- i) Stocks listed on a recognized stock exchange are valued at their closing sale prices on valuation date.
- ii) Bonds are valued at the average of bid and ask prices as of the valuation date.
- iii) Units of various pooled funds are valued on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

Valuation of units

Units are valued for the purposes of issue or redemption as at the close of business on the last business day of each week by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

CANADIAN DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

Year ended May 27, 1994

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income

Dividends are recognized as income on the ex-dividend date. Interest income is accrued at the stated rate of the debt security.

Contributions, transfers, terminations

All contributions, transfers and terminations made by the participants of the plan have been accounted for on an accrual basis.

Foreign currency translation

The purchase and sale of foreign investments and related foreign revenue and expenses are recorded in Canadian dollars using the exchange rates prevailing on the respective dates of such transactions. The market value of investments is stated at the prevailing rate of exchange on valuation day.

3. ADMINISTRATION FEES

The Plan pays investment management fees to the fund managers, Canagex Associates Inc., a member of the Laurentian Group of Companies, Altamira Management Ltd. (from March 1994) and Knight, Bain, Seath and Holbrook Capital Management Inc. (from March 1994) and an administration fee to Canadian Dental Service Plans Inc.. The combined investment management and administration fees are calculated on a sliding scale based on net assets of the individual funds, payable on a weekly basis as follows:

Bands	Bond & Mortgage Fund	Common Stock Fund	Balanced Fund	Aggressive Equity Fund
On the first \$15 million	0.95%	0.95%	1.00%	1.00%
On the next \$15 million	0.88%	0.93%	0.98%	0.98%
On the next \$20 million	0.80%	0.90%	0.95%	0.95%
In excess of \$50 million	0.75%	0.88%	0.88%	0.93%

Money market fund

- 0.55 of 1% per annum, calculated on the net assets of the fund, payable on a weekly basis.

4. UNITS ISSUED

The bond and mortgage fund split its units on a 10 for 1 basis effective August 27, 1993.

CDAnet COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Les Allen, Manitoba - Chairman
Dr. Luc Dugal, Alberta
Dr. Jim Brass, British Columbia
Dr. David Anderson, Ontario
Dr. Don Gutkin, Manitoba/Saskatchewan
Dr. Alf Dean, Atlantic Provinces

Executive Liaison: Dr. David Somer, Ontario

Staff: Ms. Patricia Duminy
Ms. Susan Matheson

1. Committee Meeting

The CDAnet Committee has met once since the report to the 1994 Annual Board, on October 1, 1994.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. CDAnet Statistics

The number of dentists on CDAnet, per province as of December 29, 1994.

<u>Province</u>	<u>No. of Dentists</u>
Alberta	344
BC	485
Manitoba	179
New Brunswick	23
Nova Scotia	60
Newfoundland	33
N.W.T.	9
Ontario	1893
P.E.I.	1
Quebec	146
Saskatchewan	67
Yukon	0

TOTALS	3240

The amount of revenue received for the CDAnet project as of November 30, 1994 for Shared Health Network Services (SHNS) is \$152,830.82 and for National Data Corporation (NDC) the amount is \$147,940.34 for a total of \$300,771.16.

3. **CDAnet Certified Software Vendors**

As of November 30, 1994, the following software companies have completed Certification with both networks and CDA:

Abel Computer Systems Ltd.	Alpha Bytes Computer Corp.
APG Computing Inc.	Autopia Computer Products
CLG Computer Consulting Inc.	Computer Station
Core Systems	Cortex Computer Systems
Dialog Medical Systems Inc.	Professional Software Developers (formerly DMS)
Domtrak	Exan
Execu-dent	Genie Computer Systems (formerly Genie Ho & Assocs.)
Harr-Comm Technology	Lane Schumer & Assocs.
Logic Tech	Healthcare Communications
Maxim Computer Systems	Medical Dental Data Systems
Mercad International Ltd.	Mercedes Dental Software
Norburn	Pharmaid
Zadall Systems Group Inc.	P&P Data Systems
The Bridge Network	

4. **Insurer Participation and Status**

The following insurance companies are processing claims on a REAL TIME basis:

Sun Life	Canada Life
Great West Life	Mutual Life
Confederation Life	Aetna
National Life	Alberta School Employee Benefit Plan
Prudential Insurance of America	Maritime Life Assurance Company

The following companies are processing claims on a BATCH basis:

Metropolitan Life	Manulife	Ontario Blue Cross
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The status of MSA and CU&C was provided at the meeting.

5. **CDAnet Management Committee**

The CDAnet Management Committee continues to address the need for staff to consolidate CDAnet activities to avoid duplication of efforts with respect to CDAnet and CDAnetPLUS. CDA senior staff will be addressing the staffing needs required to meet the needs of the CDAnet/CDAnetPLUS program.

6. **Marketing Activities**

For CDAnet

A full colour promotional brochure covering both CDAnet and CDAnetPLUS programs was produced in 1994 and distributed at the FDI Congress held in Vancouver. A new booth poster was also developed for this event.

A series of three page colour advertisements and a CDAnet reply card were developed and launched in the November issue of the CDA Journal.

CDAnet Fact Sheets were also developed to compliment the new brochure. These Fact Sheets will be updated throughout 1995 to reflect the addition of new insurance carriers and certified software vendors.

CDAnetPLUS

The CDAnet Committee was pleased to introduce CDAnetPLUS services during the FDI Congress. The CDA booth exhibit featured an on-site demonstration of CDAnetPLUS services, including credit card draft capture, cheque verification and Scotia Professional Plan and Business Link on-line banking services.

The CDAnet/CDAnetPLUS brochure mentioned above was distributed at FDI, along with CDAnetPLUS Fact Sheets that highlighted the specifics of each component of this exciting new service. The Fact Sheets will be revised throughout 1995 to reflect the addition of new certified software vendors and the introduction of new on-line services.

A series of our new full page, colour CDA Journal advertisements were launched in November. These ads, along with a CDAnetPLUS reply card will be inserted in the Journal throughout 1995.

As of January 1995, there are ten CDAnetPLUS certified vendors: Autopia Computer Products, CLG Computer Consulting, Dialog Medical Systems, Mercedes Dental Software,

P&P Data Systems, Logic Tech, Professional Software Developers, Exan, Mercad International and Focus Multi Systems. The CDAnet Committee is pleased with the excellent response and the level of acceptance of the CDAnetPLUS program in the software industry. Efforts will continue in 1995 to encourage other software vendors to certify for the CDAnetPLUS program.

7. Closing Comments by Chairman

I would like to give special thanks to Patricia Drake, Susan Matheson, Carol Anne St. Laurent and all those supportive individuals who have helped this Committee function as well as it has. I would also like to thank the members of the Committee who have been so supportive of the Committee and a special thanks to Dr. Dolansky for his efforts on behalf of the CDAnet Committee and the Canadian Dental Association in dealing with the insurance companies, the networks and all of our respective partners in CDAnet and CDAnetPLUS.

Respectfully submitted,

Les Allen, D.M.D.
Chairman, CDAnet Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the CDAnet Committee as information.

COMMUNICATIONS AND MEMBERSHIP COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. John Diggins, Vancouver, BC, Chairman
Dr. Gary Austman, Steinbach, Manitoba
Dr. Louis Dubé, Sherbrooke, Quebec
Dr. Mahnaz Fatahzadeh, Vancouver, BC
Dr. Chantal Fortier, Quebec City, Quebec
Dr. Jocelyn Pearce, Toronto, Ontario
Dr. David Somer, Hamilton, Ontario

Coordinator: Miss Linda Teteruck

1. Committee Meetings

The Committee has met once since the 1994 annual meeting, on January 13 - 14, 1995 and was joined by Dr. Les Allen, Chairman of the CDAnet Committee to discuss CDAnet and CDAnet plus as they relate to membership and communications activities.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. CDA Membership Figures and 1995 Campaign

At the time of the meeting, the 1995 membership campaign had just begun and it was too early to discern if CDA will experience changes in membership in the voluntary provinces of Ontario and Quebec. A full report was provided to the Board at its April meeting.

APPENDIX I

The Committee was pleased with the increased activities that have been undertaken by staff in recruiting members into CDA. These include:

- increased emphasis on recruiting new grad members with special mailings, posters and special brochures being prepared specially for them
- updates to the new grad binder, now received by senior students in January of their graduating year in order to apply early for new grad membership and receive valuable practice management information at that time
- the development of different payment options including payment in full (the most popular option), monthly payments via credit card or automatic cheque withdrawal, and three post-dated cheques
- development of targeted recruitment brochures and an updated member services guide that reflect the outcome of research CDA has undertaken over the past few years on how the association is perceived by its members. In general, members in Ontario and Quebec feel that CDA should place greater emphasis on its activities with government, with the insurance industry and as the national voice of dentistry, and

less emphasis on some other membership benefits such as car leasing, etc.

- a special personal recruitment letter from Dr. Dolman to Quebec dentists highlighting the strengthening of relationships between Quebec and the CDA, and his recent election to the CDA Management Committee. A second mailing from Dr. Louis Dubé will occur in the early new year.

This added emphasis in Quebec is not only the result of the changing relationship in Quebec between the CDA and the QDSA, but also the result of recent market research CDA has undertaken in Quebec. The following observations have been noted, many of which coincide with the research CDA undertook with Ontario dentists in 1993.

1. Quebec dentists perceive CDA as being distant and less able to serve the needs of individual dentists. The QDSA and ODA are viewed as providing more essential day to day services.
2. CDA is perceived as being old-fashioned and primarily an anglophone organization.
3. Quebec dentists want to know more about CDA and will make the decision to join based on the services CDA provides and not as a professional obligation.

3. Ongoing Market Research

In light of the fact that CDA has not undertaken market research in the mandatory provinces since 1990, it was concluded that this should be done in 1995. Dentists will be interviewed on a one-on-one basis in Halifax, Moncton, Winnipeg, Edmonton and Vancouver. The results of this research will be collated with that collected from Ontario and Quebec, and will be used in the development of communications and marketing strategies for CDA members in these provinces.

Because of the usefulness of this type of information and the benefit of these types of studies on a regular basis in advance of developing programs and services for CDA members, it was recommended that there be funds set aside each year in the membership and communications budget to ensure continued research activities.

4. Review of CDA Member Benefits and Services

Currently CDA has a significant number of member services and benefits. These include CDA leasing, payroll management through the TD Bank, Presse Commerce Readers Service, the Bank of Montreal Affinity Card, travel discounts, U.B.C.'s Sterilizer Monitor Service, Avis Car Rentals, an extensive merchandise program including fourteen dental information pamphlets and brochures, office wall plaques, posters, etc. and the on-line services of CDAnet and CDAnet Plus such as reduced merchant rates, credit card draft capture and E-mail.

New projects approved by the Committee include the development of post-it notes with CDA's mascot Bob that would be sponsored and distributed by 3M, after which they will be included in CDA's inventory for sale to members, and the development of dental information for teachers to instruct their students on dental health. This program will be developed by MIR Communications, sponsored by corporate dollars, with CDA having final approval on all copy and content.

Discussions are also underway with a number of banks to develop a banking package for new grads to assist them as they make the transition from student to associate, and ultimately to practice owner.

Within these discussions on what CDA services should be offered to members, concern was expressed by the committee on the lack of a formal methodology in selecting member services. There is the need to develop a criteria for selection of the types of services CDA provides so that staff will not expend time and resources in areas that our members do not want, and which do not fit into the overall mandate of CDA's mission statement and its relationship with its corporate members. Concern was expressed that there may be some duplication of services between the CDA and its corporate members.

It was concluded that staff would prepare a report providing the committee with a suggested strategic framework for member services and a suggested criteria against which these services can be measured. Current and new services will be reviewed against this framework. This discussion paper would be presented at the next meeting of the committee.

5. Strategic Communications Framework and Action Plan

In conjunction with the discussion paper staff will be preparing on CDA member services, the communications department will also be preparing a strategic communications framework and action plan for the next meeting of the committee which can then be taken to the new Planning and Issues Coordinating Committee and ultimately to the fall planning session. This paper will highlight all of the communications activities that CDA is involved in, not just those executed through the communications department.

6. CDA Seminars

Practice Management Seminars

It was noted that the "Getting Started in Dentistry" seminar conducted by ExperDent Consultants, in conjunction with CDSPI, has been extremely successful with senior dental students. The program has been operational for two years and the student evaluations of this program are very positive. Work continues on bringing this program to the French-language universities. Drs. Gilles Dubé and Gérard Bouger are working closely with CDA staff and

ExperDent to customize the lecture and resource materials for the French-language marketplace. It is hoped that French-language lectures can be offered to Quebec dental students this spring.

The "Surviving and Thriving in the 90's" seminar currently offered to practicing members of the profession had also been successful. Lectures were offered in six cities in 1994 - Toronto, Ottawa, Sudbury, Edmonton, Calgary and Vancouver. The 1995 seminar series will be presented in Windsor, Halifax, Hamilton, Winnipeg, Saskatoon, London and Vancouver.

In addition, plans are underway to expand upon this lecture in the fall of 1995 with two additional offerings in the areas of marketing and transition management.

Dental Consumer of the 90's Seminar and Seniors Seminar

The Dental Consumer of the 90's seminar was presented in Edmonton, Saskatoon, Montreal, Quebec City and London. 1994 was the second year that the seminar was offered and the final year of the program. Funded through the generous support of Ash Temple, the seminar was well received by attendees with 95% of attendees stating that CDA should offer programs such as this to the membership.

Plans are underway to replace the dental consumer seminar with one focussing on seniors.

7. CDA Products

CDA has recently revised its product catalogue and sales have been crisp, particularly the fourteen dental information system brochures, originally funded by Colgate-Palmolive, and Volumes 1 and 2 of the "Taking Care of Business" Practice Management binders developed in conjunction with ExperDent Consultants. A series of wall plaques have recently been introduced into the inventory, and work is underway to expand on the "Taking Care of Business" series with a book on computerizing a dental practice.

8. CDANET and CDAnet PLUS

Currently there are 3,240 dentists on CDAnet and 28 vendors are certified on the system. CU&C and MSA in British Columbia have recently joined the system, and discussions are progressing with the QDSA and Dentaide to merge CDAnet and Dentaide services in the Quebec market.

Marketing materials have been developed over the past year to promote both CDAnet and CDAnet plus as member services of the Canadian Dental Association. On-site demonstrations will be held at 5 major dental meetings in 1995. In addition, a series of full colour *Journal* ads have been developed to promote CDAnet plus with reply cards attached to request more information.

Credit card draft capture, cheque verification and E-mail are the principle services on CDAnet plus at the present time. Work continues on bringing the CDA Library on-line as well as the order/entry of dental supplies.

Discussions are currently underway between both the CDAnet Committee and the Communications and Membership Committee and their respective staff and management personnel to ensure that CDAnet and CDAnet plus activities and programs are coordinated as member services of the CDA.

9. Publications

1994 was a successful year for the *Journal* in relation to the number of quality articles that have been received for publication. The *Journal* was also a showcase for extensive promotion and coverage of the FDI. At the same time, the *Journal* has experienced a decline in advertising revenue that is characteristic of most major dental publications in Canada.

The *Communiqué* has been significantly enhanced over the past year and has attracted good comments as a result of the extensive coverage it has given CDA's taxation campaign and government relations activities. It is noted that a special government relations issue of the *Communiqué* was published in December to highlight increased CDA activity in this area. In 1995, the *Communiqué* will be mailed under separate cover from the *Journal* to enhance CDA's presence to its members.

A major readership survey of the *Journal*, *Communiqué* and Annual Review are underway, the results of which will assist staff in further refining all three publications in the year to come.

10. Media Relations

Media interest continues on the major dental issues of fluoride and infection control, but the focus of media interest in 1994 was on mercury amalgam and the taxation of dental benefits. Interest in CDA's position on mercury amalgam was prompted by a repeat of the BBC Program "Poison in the Mouth" on CBC Newsworld in November which resulted in a special letter to the membership. In addition, as a result of CDA's high profile activities in countering the proposed taxation of dental benefits, CDA received a considerable number of calls from the press on this issue.

11. Library Report

Demand from the membership for library services continues to increase. Staff conducted 4,503 literature searches, and circulated 1,926 package libraries, 447 books and 278 videos in 1994.

Advertising materials have been developed for promotion of library services in 1995, and work continues to bring the library on-line onto CDAnet plus. The library will concentrate on updating its video collection and information sources in 1995.

12. Taxation of Dental Plan Premiums Campaign

A considerable amount of staff time has been spent on executing the communications component of CDA's campaign on the taxation of dental plan premiums. As a result of the CDA letter writing campaign, as of late January, over 200,000 letters have been sent to MPs by concerned Canadians, and CDA's TV and print ads opposing the proposed tax have appeared on CTV, in MacLean's, L'actualité, La Presse, Le Devoir and the Globe and Mail.

CDA is grateful to the support it has received from corporate members in purchasing print and air time in their respective provinces to maximize the impact of the media campaign. Special mention must be made of the ODA's \$250,000 media buy in support of the CDA campaign.

In addition, CDA held a major new conference at the time of the FDI Congress to publicly launch the campaign and another one in mid January to announce the results of our public opinion poll and the introduction of our media campaign.

In addition, every dentist in the country was sent a poster, table card and buttons to highlight the campaign to their patients

13. Periodontal Screening and Recording Program

The Committee is anxiously awaiting the launch of CDA's Periodontal Screening and Recording Program, modeled on the American Dental Association program. Funded by Procter and Gamble and administered by CDA, the Canadian Academy of Periodontology and Procter and Gamble, the program will ultimately be offered as a service of the Canadian Dental Association to dentists and their staff.

14. Meeting with Provincial Communications Coordinators

CDA was pleased to once again host a meeting of provincial communications coordinators, CDHA, CDAA and CDSPI during the FDI Congress. This is an excellent means of sharing ideas and learning first hand about the communications and marketing activities of these organizations.

The meeting has become a tradition among attendees and it is anticipated that CDA, once again, will host a meeting during the August CDA meeting in Ottawa.

15. Conclusion

1994 was a very active year for the CDA. The overriding activity of the communications and membership department was in developing and executing communications initiatives and strategies against the taxation of dental plan premiums, and coordinating these activities with CDA's government relations initiatives, with the publications area and with recruitment activities. CDA was pleased to welcome Mr. Kevin Macintosh to assist with the campaign.

In addition, significant progress was made in expanding CDA's annual membership campaign to better address the results of focus group research in Ontario and Quebec and in developing, launching and marketing CDAnet plus. At the same time, CDA's two major publications were enhanced to reflect these increased activities and to better address the preferences of the membership.

These achievements would not have been possible without the direction and leadership provided by the members of the Committee and, of course, by Linda Teteruck, Carol Anne Deneka, Ralph Crawford and the entire Communications and Membership staff. I thank them all and remain grateful for their enthusiasm and commitment to this very busy area of CDA activity.

Respectfully submitted,

John Diggins, D.D.S.
Chairman, Communications and
Membership Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Communications and Membership Committee as information.

1995 Membership Statistics

Ontario

	1995 Licensed	1994 Licensed	1994 Licensed	1993 Licensed	Quantity Change	Per Cent Change
	(to 95/03/30)	(to 94/03/31)	(to 94/12/31)	(to 93/12/31)	(95 over 94 total)	(95 over 94 total)
Active	2230	2178	2377	2235	-147	93.8%
Affiliate	263	336	301	353	-38	87.4%
Total	2493	2514	2678	2588	-185	93.1%

Notes:

- 1) 166 1995 members were not members in 1994
- 2) to date, 356 dentists did not renew their membership in 1995
- 3) the total number of licensed dentists in Ontario is 6,223; there are 3,539 non-members

Quebec

	1995 Licensed	1994 Licensed	1994 Licensed	1993 Licensed	Quantity Change	Per Cent Change
	(to 95/03/30)	(to 94/03/31)	(to 94/12/31)	(to 93/12/31)	(95 over 94 total)	(95 over 94 total)
Active	481	474	517	532	-36	93.0%
Affiliate	457	432	457	459	0	100.0%
Total	938	906	974	991	-36	96.3%

Notes:

- 1) 102 1995 members were not members in 1994
- 2) to date, 152 Quebec dentists did not renew their membership in 1995
- 3) the total number of licensed dentists in Quebec is 3,596; there are 2,581 non-members

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Wayne Steggles, Chairman, Smith Falls
Dr. Ross Anderson, Halifax
Dr. David Chimilar, Winnipeg
Mr. Alf Dolan, Toronto
Dr. Neil Farrell, London
Dr. Tim McGaw, Edmonton
Dr. Trey Petty, Calgary
Ms. Jackie Smorang, Calgary
Major Euan Swan, CFDS, Ottawa
Dr. Julian Tsafaroff, VAC, Toronto (Observer)

Executive

Liaison: Dr. John Diggins, Vancouver

Senior Staff: Mr. Brian Henderson, Director, Professional Services

Coordinator: Mrs. Danuta Askew

1. Committee Meetings

The Committee on Community and Institutional Dentistry has met once since its report to the 1994 Annual Meeting of the CDA Board of Governors. The meeting was held in Toronto on November 6, 1994.

ITEMS REQUIRING BOARD ACTION

2. Fluoride Supplementation

To date, CDA has not been able to secure agreement from the Canadian Pediatric Society (CPS) to support the CDA position of fluoride supplementation. The CPS supplement schedule, which has been approved, is based on the conclusions from a one day conference. Both the CPS and the Canadian Dental Association's positions on fluoride supplementation are currently in front of Health Canada. Pediatric dentists feel concerned that because of these two differing statements, there will be pressure on CDA to change its position. The Committee feels that the current CDA policy is appropriate and scientifically defensible.

RESOLVED:

- 95.5 THAT the Canadian Dental Association reaffirm
its current policy on Fluoride Supplementation.**

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****3. Infection Control**

Representing the CID Committee, Dr. Trey Petty attended all of the presentations related to infection control at the FDI Congress in Vancouver, October 4-7, 1994 and provided a written report for the Committee. Dr. Petty was pleased to report that the current CDA policy, in general, appears to be very much in line with current thinking on this topic throughout most of the world. Drs. Molinari and Cottone, American specialists in this field, both made public mention in their presentations of their "envy" of the more "balanced approach that you Canadians are taking in regards to infection control" in dentistry.

The Americans seemed particularly confounded by standards set by the non-dental Occupational Health and Safety Administration (OSHA) of the U.S. government. The CDA was praised for its proactive stance in this regard and encouraged to continue being proactive in order to keep similar Canadian governmental agencies from attempting to regulate such issues in dental practices.

In conclusion, Dr. Petty recommended to the Committee that there is no need for a CDA conference on infection control, particularly if the goal is to review and/or revise current CDA policy. The Committee was in agreement that current CDA policy appears, in general, to be very consistent with expressed viewpoints, policy and procedures recommended throughout the Western World and has concluded that, based on resources and discussions at FDI, the Committee on Community & Institutional Dentistry reaffirms its advice to the Board that no conference on infection control is required at this time.

Following a thorough discussion of the current CDA policy, the Committee recommends that some particular items be revised. These suggested changes will bring the recommendations in line with recent technical developments (for example, ethylene oxide sterilizers) and current practices used by centres that deal with infectious disease (for example, the lack of a need to scrub walls, etc.). These suggestions would make the policy more general and less "strict" in the sense that they would offer the individual practitioner a wider range of options. Dr. Petty has volunteered to edit the documents to accomplish this. The edited version of the

policy will be reviewed by the Committee, circulated for comment and presented for approval. The Workbook on Infection Control will also be edited to reflect these changes.

It was also decided that the bibliography in the Workbook should be updated through an annual review by the Committee and/or any additional reviewers as determined by the Chairman.

The Committee appreciates Dr. Petty's initiative and his willingness to edit the CDA policy based on discussions following the FDI Congress.

4. Sugar Free Medication

The Committee thanks Dr. Geoff Smith for all his efforts in contacting many organizations to encourage manufacturers to reformulate their products to make them sugar-free. The Canadian Pharmaceutical Association has provided support and future editions of the CPS (starting in 1996) will publish information on sucrose and energy content of oral liquids as well as additional tables for sucrose/energy content of chewable tablets and lozenges. Presenting this information in the CPS might also encourage manufacturers to produce sugar-free medications. Dr. Smith continues to lobby organizations and manufacturers of products which are of particular concern.

5. Guidelines for Sedation and General Anaesthesia in Dentistry

Following a review of the existing CDA guidelines on Sedation and General Anaesthesia in Dentistry by Dr. David Chimilar, the Committee confirms that they are still appropriate and do not require revision. A review process will be done regularly with a comparison of updated guidelines from each of the provinces and the Canadian Anaesthetists' Society.

6. Dental Amalgam

The Committee was requested to review a draft statement on Amalgam which may be used as a basis of a national statement. Some changes were suggested by the Committee and were conveyed to the Communications Department.

7. Draft Guidelines on Bonded Dental Amalgam Restoration

The Committee was asked to review guidelines drafted by Dr. Watson in response to a need identified through a meeting of the CDA and the Medical Services Branch concerning changes to the Non-Insured Health Benefits Program and associated issues. The draft was discussed and the Committee is currently editing the document to make it suitable for adoption as a CDA policy.

8. Summary

The Committee Chairman gratefully acknowledges the continuing support and interest of the members of the Committee on Community and Institutional Dentistry.

On behalf of the Committee, the Chairman extends thanks to Mr. Brian Henderson for his guidance and advice and to Danuta Askew for her energy and commitment in support of Committee activities.

Respectfully submitted,

Wayne Steggles, D.D.S., Chairman
Committee on Community & Institutional Dentistry

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Community and Institutional Dentistry.

CONSUMER PRODUCTS RECOGNITION COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Michael Eggert, Chairman, Edmonton
Dr. Edward C.S. Chan, Montreal
Dr. Louise Desnoyers, Boucherville
Dr. Dan Haas, Toronto
Dr. Hardy Limeback, Toronto
Dr. Hurinder S. Sandhu, London

Executive Liaison: Dr. Louis Dubé, Sherbrooke

Observer: Mrs. Micheline Ho, Product Regulation Division, HPB, Ottawa

Senior Staff: Mr. Brian Henderson, Director, Professional Services

Coordinator: Mr. Richard McCoy

1. Committee Meeting

The Committee on Consumer Products Recognition has held one meeting since the 1994 Annual Meeting of the CDA Board of Governors; the meeting was held on November 4 and 5, 1994.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Publicity Initiatives - Journal Interview

Mr. Brian Henderson met with the Editor of the CDA Journal, Dr. Ralph Crawford, to arrange for a Journal interview with the chairman of the Consumer Products Recognition Committee. This will be undertaken sometime in 1995.

3. Adverse Reaction Report

The Federal Drug Administration (FDA) adverse reaction form was distributed for information. Mrs. Micheline Ho, Health Canada, and Dr. Dan Haas, University of Toronto, will send a copy of their respective forms to the CDA office. Dr. Haas will undertake to review the forms and draft a new form related to dentistry which might be proposed for CDA approval.

4. Fluoride

The Committee directed Mr. Henderson to correspond with Dr. Gillespie, Chief, Drug Evaluation Division, Health Protection Branch, to note the Committee's continuing support for CDA's Fluoride Supplementation Schedule.

5. Periodontal Screening Process - Procter & Gamble - Update

Mr. Henderson reported that the steering committee has proposed a CDA "Comprehensive Periodontal Care Package" which would include Periodontal Screening and Recording (PSR).

The Committee has suggested using the term "Soft Tissue Management Program" to describe the proposed comprehensive CDA package.

6. Anti-microbial Agents

Dr. Haas presented a report on introducing a category for antimicrobial agents which will be used as a starting point in developing guidelines for this category. Dr. Haas and Dr. Limeback will collaborate to revise the guidelines which will be further discussed at the next CPR meeting.

7. Establishment of Criteria for Recognition of a Therapeutic Chewing Gum Making Anticaries Claims

The Committee wishes to ensure that the proposed guidelines become more widely known. The guidelines will be presented to the CDA Journal for publication.

8. Guidelines for Denture Cleansers

A new product recognition category and related criteria are being developed for denture cleansers. The Committee believes this is an important area to be developed. The Committee's efforts in the "preventive" area are not currently matched in other parts of the dental field. The Committee has directed Mr. Henderson to correspond with interested companies to invite any further suggestions which might help to develop guidelines assessing products re their "control of denture related infections" and "performance in stain removal".

9. Sensitivity Agents Guidelines

Dr. Haas has developed a draft of guidelines for this proposed new category. They will be further developed and reviewed at the next CPR meeting.

10. Future Developments

On the second day of the November meeting the committee developed plans for future activities i.e. goals and objectives, the recognition process, monitoring of compliance and advertising. The committee will be implementing these objectives to promote consumer product recognition activities in 1995.

11. Products Awarded CDA Recognition

The following products were awarded the CDA Seal of Recognition for caries:

Carter Products Pearl Drops Stain Fighting Whitening Toothpaste
SmithKline Beecham Aquafresh Sensitive Toothpaste
Chesebrough-Ponds Canada Aim Toothpaste
Chesebrough-Ponds Canada Close-Up Toothpaste

The following product was awarded the CDA Seal of Recognition for gingivitis reduction:

Warner-Lambert Freshburst Listerine

The CPR Committee wishes to thank Mr. Brian Henderson, Director, Professional Services and Mr. Richard McCoy, committee coordinator for their assistance during the past year.

Respectfully submitted,

F. Michael Eggert, D.D.S., MRCD(C), M.Sc., Ph.D.
Chairman, Consumer Products Recognition Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Consumer Products Recognition Committee as information.

CONVENTION COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

General Chairman: Dr. Michel Jahjah, Montréal

Executive Liaison: Mr. Jardine Neilson

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

I. FDI 1994 - 82nd World Dental Congress October 2 - 8, 1994

1. Venues

The Canadian Dental Association hosted the 82nd World Dental Congress which was held in Vancouver from October 2-8, 1994. While the World Dental Federation held business meetings from Friday, September 30th to Friday, October 7, the Convention itself consisted of two days of limited attendance courses and 4 days of scientific sessions. Exhibits were open from Tuesday, October 4 to Friday, October 7.

There were two exhibit halls located in the Vancouver Trade & Convention Centre. Lectures were held at the Vancouver Trade and Convention Centre, Pan Pacific Hotel, Waterfront Centre Hotel and hands-on courses took place at the Hyatt Regency Hotel and Hotel Vancouver.

2. Scientific Program

One of the most extensive ever for an FDI meeting, the scientific program consisted of the following:

- 29 Hands-on courses
- 5 Limited Attendance courses
- 5 Live Television presentations
- 104 lectures (32 simultaneously interpreted)
- over 200 Table Clinics, Free Communications and Poster Presentations.

A team of 33 interpreters from Europe, the United States and Canada worked during the entire convention to simultaneously interpret lectures and FDI business meetings into English, French, German, Japanese and Spanish.

Many lecture rooms were overflowing and in several instances, there were queues forming outside as door monitors allowed people in only when others got out. While only 13 hands-on courses were originally scheduled, the demand was such that the number was increased to 29. It was also interesting to note that Table Clinics, Free Communications and even Poster Presentations attracted a large number of interested participants.

Attendance at lectures was certified. Two three-digit numbers were read out by the Chairperson during the course of the lecture. These numbers could be registered by participants on special "Continuing Education Forms" provided for this purpose in the delegates' bags. After filling-out their forms, attendees were encouraged to forward these to their licensing bodies to obtain Continuing Education Credits.

3. Exhibits

The demand for exhibit space was such that two halls were used to house exhibits at the Vancouver Trade & Convention Centre. The final tally shows that nearly 600 booths were sold. The real challenge with the second exhibit hall located in the Porte Cachère on the Cruise Ship level was that it could only be set up after the Opening Ceremony which ended at 7:30 p.m. on Monday, October 3rd. The hall had to be cleared of stages, chairs and other equipment before booths were set up. Exhibitors on the Cruise Ship level had therefore limited time to set up. Feedback from exhibitors from both levels has been positive to the point where some exhibitors wrote that FDI 1994 was "extremely successful" for their company.

4. Social Functions, Tours and Special Activities

a) Social Functions

The Opening Ceremony was held in the Porte Cachère on the Cruise Ship level of the Vancouver Trade & Convention Centre on Monday, October 3rd from 5:15-7:15 p.m. The venue itself was a challenge as the place is usually used as a bus terminal for cruise ship passengers. A wall had to be specially erected to transform the place into an indoor theatre and bus bays had to be filled before 5000 chairs were placed. The performances took place on three stages which had to be built especially for the event and immediately torn down to make room for the exhibits. The demand for tickets for the Opening Ceremony was so great that it was decided to broadcast the event to Ballroom B of the Vancouver Trade & Convention Centre.

Sponsored by Nobelpharma, the event itself was a tremendous success ending with a standing ovation. The first part of the evening consisted in ethnic dancing followed by a Parade of Nations where Dr. Ray Wenn carried the Canadian flag while escorted by two Mounties dressed in full uniform. A few short speeches ensued, followed by a draw of two business class airline tickets to FDI 1995, compliments of Nobelpharma. The Famous People Players were the main attraction of the evening and the group received a great response from the audience.

An International Evening followed the Opening Ceremony. Sponsored by Ash Temple, the evening took place in the Atrium of the Pan Pacific Hotel. Over 2000 guests were served fares from different international destinations and entertainment was provided by three bands. A spectacular display of fireworks set off the week with a bang.

The other social events: Dinner Cruise, Discover the Orient, the Salmon BBQ and the FDI Ball were nearly all sold-out and proved to be extremely successful evenings.

b) Visits and One-day Tours

Unlike other FDI Conventions, none of the planned activities had to be cancelled due to lack of participation. In some instances tours were so popular that people had to be placed on waiting lists or even refused because the tour had been filled.

There were 10 visits and One-day tours during the convention and 3 full days of activity for children between the ages of 6 and 12.

c) Pre and Post Congress Tours

The Alaska Cruise proved to be the most popular Congress tour. Organized with the help of Tourcan, this out-of-country seminar attracted International as well as Canadian and American participants. The tours to Australia and New Zealand and to the Rocky Mountains also attracted a fair number of participants.

d) Special Activities

Both special activities attracted an enthusiastic response. Well over 200 participants enrolled for the Fun Run & Walk while 144 registered for the Golf Day which was sponsored by Aurum Ceramics.

5. Registration/attendance

APPENDIX I

FDI 1994 was the largest FDI Congress ever with 14,487 persons in attendance of which 6063 were dentists. For complete attendance figures see Appendix I.

6. Sponsorship

A-Dec

Equipment for live TV

Air Canada

Two airline tickets for pre-registration draw

CONVENTION COMMITTEE

- 4 -

American Dental Technologies	Lecture by Terry Myers
Ash Temple	International Evening Equipment for live TV Material for hands-on courses
Aurum Ceramics/Classic	Golf Day Live TV presentation: Terry Donovan Exhibitors Seminar Material: H. Martin hands-on course Lecture by Thomas Olson Western Breakfast Draw of a Harley Davidson
Colgate	FDI Commission Symposium on Dental Calculus Speakers Reception
Dentsply	Hands-on course by M. Goldfogel and A. Kincheloe Material for hands-on courses Students Table Clinics
Ellman International	Hands-on course by K. Rossein
Exan Technologies	Registration hardware, software and technical support Hands-on courses by Ted Devries
Healthline Funding Group	Lecture by R. Forest
Hu-Friedy	Hands-on courses by S. Burns and N. Knispel
Nobelpharma	Opening Ceremony Hands-on course by T. Jemt and A. Rivest Lectures by P. Boudrias, G. Zarb Live-TV by P. Stevenson-Moore
Oral B	Pre registration incentives Delegate bags Gifts for speakers

Proctor & Gamble	Symposium on Guided Tissue Regeneration Symposium on Oral Research Live TV: H. Bader
Pro-dentec	Hands-on courses by H. Bader and J. Grisdale
Siemens	VIP Dinner Cruise Contribution to the Scientific Program
Trident Gum	Lecture by A. Linder
Unilever	Table Clinic Competition Contribution to the Scientific Program
Volvo	Fleet of cars during the convention Draw of a 1994 Volvo Car
Xyrofin	Symposium on Xylitol
* * *	
Canadian Academy of Oral Medicine	Symposium on Orafacial Pain
Grieve Memorial	Lecture by D. Joondeph

7. Other Meetings

As for other CDA Conventions, other groups select to hold their annual meetings in conjunction with the Congress. The following groups held meetings during FDI 1994:

Academy of Dentistry International
B.C. Dental Hygienists Association
Canadian Academy of Pediatric Dentistry
Canadian Association of Dental Consultants
CDA Board of Governors
Canadian Dental Assistants Association
Canadian Dental Service Plans Inc.
Canadian Society of Public Health Dentists
Dental Deans and Educators
International College of Dentists
Military Program
Pierre Fauchard Academy

Several exhibiting companies also chose to hold sales and/or other business meetings during FDI 1994. Degussa Canada elected to have a "Lab Day" just prior to the Convention. This added to FDI 1994 by providing lectures of interest to Dental Technicians.

8. Budget

All indications are, even at this preliminary stage, that FDI 1994 will prove to be financially very successful.

9. Media Coverage

Unprecedented in other conventions. FDI 1994 received coverage in all major Vancouver newspapers and the articles were picked up by local newspapers throughout Canada. Television, radio and phone interviews resulted in the convention being publicized all over North America, Europe, New Zealand and Australia.

II. CDA 1995 Annual Dental Meeting

The Annual Dental Meeting of the Canadian Dental Association will take place in Ottawa, August 26-29, 1995. Pre-convention courses (hands-on and limited attendance) will be held on Saturday, August 26 and Sunday, August 27. General lectures and the trade exhibit will take place on Monday, August 28 and Tuesday, August 29.

Venues that will be used during the Annual Dental Meeting will be the Ottawa Congress Centre, the Westin Hotel and the Château Laurier. The exhibit and registration will be housed at the Ottawa Congress Centre.

Blocks of rooms have been reserved in four Ottawa hotels: the Westin, Château Laurier, the Novotel and the Sheraton. Prices for single/double regular rooms will range from \$99 to approximately \$130. Board members will be housed at the Westin hotel where the meetings will take place.

Although my title will change, I will continue to work in the same capacity as I have done for the past 6 years. Dr. Elizabeth MacSween will be Chairperson for the 1995 meeting. The Organizing Committee will consist of Dr. Nalin Bhargava, Dr. Joel Eisenstat, Dr. Lisa Gifford, Dr. Ian MacConnachie and Dr. David Roger who will act as the scientific program chair.

Because of time factor, we will continue with the same set-up as FDI 1994, i.e. the Montréal office will remain as the planning centre for the convention and the Ottawa office will house other staff members working on the Meeting.

As in the past, registration for CDA members will be free. In addition, this year, every dentist who pre-registers for the convention (before July 21st) will have the opportunity to register two staff persons for free.

III. Out-of-Country Seminars

The CDA out-of-country seminar program will continue in 1995. Planned destinations are Israel, India, Turkey, Greece and Kenya and Hong Kong for FDI 1995.

Respectfully submitted,

Michel Jahjah, D.D.S.
General Chairman

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Convention Committee as information.

APPENDIX I

FDI 1994 CONGRESS TOTALS

Dentists	
B.C.	1627
Canadian	2203
International	1883
U.S.	<u>350</u>
	6063
Dental Hygienists	899
Dental Assistants	1424
Administrative Staff	1109
Dental Technicians	91
Dental Students	285
Other Students	377
Accompanying persons	1044
Children	77
Guests & staff	373
Exhibitors	2351
Exhibits only	<u>394</u>
GRAND TOTAL	14,487

COMMITTEE ON ETHICS

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Col. Morley Deyette, Chairman, Halifax
Dr. Brian Barrett, Charlottetown
Dr. Brian E. Leroy, Edmonton
Dr. Peter Lobb, Victoria

Executive Liaison: Dr. Tom Breneman, Brandon

Senior Staff: Mrs. Sandra Davis

Coordinator: Ms. Martyne Giroux

1. Committee Meetings

Since reporting to the September 1994 Annual Meeting of the Board of Governors, the Committee on Ethics has not met.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Canadian Medical Association (CMA) - Code of Ethics

In March, 1994, the Canadian Medical Association's Committee on Ethics invited CDA to comment on revisions to its Code of Ethics. The Committee on Ethics made no revisions to this document.

The second draft of the CMA Code of Ethics will be forwarded to CDA in February, 1995 for further review. The CMA indicated that a final version of its Code of Ethics should be available for distribution in 1996.

3. Adverse Reactions to Drugs and Dental Devices

The Committee is currently reviewing the American Dental Association's (ADA) Council on Ethics, By-Laws and Judicial Affairs (CEBJA) report on adverse reactions to drugs and dental devices. The report includes background information and rationale behind the council's

decision to adopt the ethical obligation to report adverse reactions as an advisory opinion of the ADA Principles of Ethics and Code of Professional Conduct.

It is the ADA's opinion that "a dentist who suspects the occurrence of an adverse drug or dental device reaction has an obligation to communicate that information to the broader medical and dental community, including, in the case of a serious adverse event, the Food and Drug Administration."

The Committee will discuss the advisability of developing an ethical statement on adverse reactions to drugs and dental devices. Should the Committee deem it appropriate, a statement will be presented to the Board of Governors for approval.

4. **Code of Ethics**

CDA continues to receive favourable comments on the CDA Code and several requests for additional copies.

5. The Committee would like to express thanks to Ms. Martyne Giroux and Mrs. Sandra Davis for their assistance.

Respectfully submitted,

Col. Morley Deyette, Chairman
Committee on Ethics

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Ethics Committee as information.

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Barry Dolman, Chairman, Montreal Dr. Elizabeth MacSween, Ottawa
Senior Staff:	Mr. Jardine Neilson, Executive Director Mrs. Sandra Davis, Manager, Corporate Affairs
Coordinator:	Ms. Martyne Giroux

1. Committee Meetings and Activities

The Committee has not met since its last report to the 1994 Annual Meeting of the Board of Governors. The matters contained in this report have come to the Committee's attention through concerns of individual members, allied health organizations, or documentation indicating legislative or regulatory changes which have the potential to affect the profession.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Interpretation of the Definition of "Drug"

Correspondence was received from Health Canada requesting CDA's comments on a discussion paper entitled "Interpretation of the Definition of Drug". Health Canada stressed that too many substances can be regulated as drugs, and recommended that the definition of a drug used in the Food and Drugs Act be changed.

CDA responded that no changes should be made to the current definition of "Drug". In addition, CDA raised a concern with respect to the question of whether a product is a drug or a cosmetic, with specific reference to the issue of tooth whiteners. It was noted that a product may be sold as a cosmetic depending on how it is labelled and marketed. The Consumer Products Recognition Committee (CPR) suggested that this differentiation could be made more strict, by having it apply only where there is clearly no change of organic function.

It is CDA's opinion that tooth whiteners should be treated as drugs and not cosmetics, because they have such an effect.

3. **National Workshop on Seniors and Substance Use**

CDA received an invitation from Health Canada, to participate in a national workshop on seniors and medication, alcohol and other drug use. Dr. Trey Petty, Committee on Community and Institutional Dentistry, will be CDA's representative at the workshop. Dr. Petty is currently involved in the area of chronic care and substance use. The workshop's objectives are to share knowledge and information related to seniors and medication, alcohol and other drug use in Canada. The workshop will be held on January 9-11, 1995 in Ottawa.

4. **Family Violence Initiative**

Health Canada, Programs and Services Branch, forwarded CDA a draft copy of the Family Violence Handbook for the Dental Community, and a display poster for review.

The handbook recognizes the important role of the dental professional in the recognition and referral of suspected cases of family abuse. Dr. Elizabeth MacSween was responsible for reviewing this document.

The handbook is also being reviewed by three other national professional associations.

5. **Child Abuse Screening Mechanisms Project**

CDA received correspondence from the Ministry of Community and Social Services of Ontario, requesting its assistance in reviewing a document entitled "Child Abuse Screening Mechanisms Project".

This document includes recommendations for a standard policy for screening potential employees or volunteers who work with children, as well as recommendations to terminate the current Child Abuse Register.

Dr. Elizabeth MacSween was responsible for evaluating this document. The Ministry of Community and Social Services will consider all responses, and will work with other government and community organizations to find a provincial solution that provides increased protection for children.

6. **Aboriginal Health**

The Canadian Medical Association has submitted to the Royal Commission on Aboriginal People, a text that outlines and addresses the scope and complexities of the challenge of Aboriginal health. This document is intended to bridge the gap between the medical community and Aboriginal peoples, in an effort to promote the health and healing of Aboriginal people in Canada. The CDA has contacted the CMA to form a cooperative link in the search for solutions to the inequities in health care experienced by Aboriginal communities.

APPENDIX I

The CDA will investigate and identify areas, that, as an association, it can have a more active role in creating opportunities for Aboriginal communities to promote and provide optimal oral health care for their members.

This matter will be referred to the Committee on Community and Institutional Dentistry (CID), and the Council on Education, for examination and recommendation on appropriate CDA initiatives.

7. **Aboriginal Women's Health Project**

CDA received correspondence from the Canadian Medical Association inviting participation in a meeting related to the Aboriginal Women's Health Project. The meeting was entitled "Network Resource Meeting". This was a consultation meeting in preparation for the larger Aboriginal Women's Health Workshop, to be held in Winnipeg in May, 1995. Although CDA was unable to send a representative to the "Network Resource Meeting", CDA relayed its interest in this initiative on an ongoing basis. Dr. Elizabeth MacSween will be CDA's representative.

8. **National Forum on Health**

In September, 1994, the CDA Executive Director wrote to Ms. Marie Fortier, Executive Director, National Forum on Health to iterate CDA's interest in participating in the activities of the National Forum on Health. Ms. Fortier stated that it is the Forum's intention to establish working groups, sponsor conferences on key health issues, and to initiate public education and awareness processes.

CDA will be invited to participate in the Forum's activities, once the Forum has had the opportunity to meet.

9. **Canadian Coalition on Organ Donor Awareness (CCODA)**

CDA participated in a conference call on December 7, 1994 with members of CCODA, to indicate its support for two public service announcements (psa), for use during organ donor awareness week, April 23-30, 1995. The two psa's were drafted by the Canadian Hospital Association, and are intended for health care professional journals and newsletters, as well as for the general public, to enhance awareness on organ donation.

10. **Veterans Affairs Canada (VAC)**

In September, 1994, CDA received a copy of an information package distributed to dentists across Canada by Blue Cross, the administrator for VAC's TAPS, regarding changes to the dental services program available to Veterans in Canada. These changes were effective October 1, 1994. A Provider Agreement and Guide were introduced, and a revised Schedule of Dental Services was also included.

CDA immediately relayed its concerns to VAC that no prior consultation with CDA or any other dental organization had occurred. An initial meeting between CDA and VAC was held on October 27, 1994, and several matters were resolved. Following discussion by Executive Council, a further meeting was held on December 1, 1994. Specifically, the following items were discussed:

- Dental Claim Form - Implications with Provider Agreement
- Recall Frequency
- Balanced (Extra) Billing

CDA requested that its Corporate Members provide input on the results of this meeting and their views on options for further management of this issue.

APPENDIX II

A President's letter was mailed to CDA members in December, 1994.

APPENDIX III

A further meeting was held February 16, 1995, and a President's letter dated April, 1995, outlining the results is appended.

APPENDIX IV

11. **Medical Services Branch (MSB)**

On October 14, 1994 a meeting was held between representatives of CDA and MSB, to address outstanding issues surrounding changes to the Non-Insured Health Benefits Program (NIHB).

CDA received provider feedback from CEO's - Corporate Members on difficulties or concerns regarding the new NIHB claim procedures and claim form. These concerns were brought to MSB's attention at the October 14 meeting.

A few issues remain on the table. MSB has agreed to re-insert the client signature block on the NIHB claim form, but did not agree to include a statement of client financial responsibility. CDA indicated its position regarding the importance of this statement. This item will be added to the agenda for further discussion at the next joint CDA/MSB meeting.

MSB agreed that bonded amalgams will be accepted as an alternative equivalent benefit effective January 1, 1995. Claims submitted to MSB for bonded amalgams will be reimbursed at the level of a simple amalgam, without prior approval.

In addition, MSB indicated that completion of the tooth chart is no longer mandatory for emergency treatment. This change was effective December 1, 1994. Tooth charting remains a mandatory requirement for all predeterminations, all claims for complete examinations (including specialty examinations), prophylaxis treatments, and for recall examinations. CDA does not agree with mandatory tooth charting for recall examinations, and it will be reviewed at the next joint meeting.

The next CDA/MSB meeting is scheduled for February 10, 1995.

A CDA message on this matter was included in the November issue of the CDA Journal.

APPENDIX V

12. **Joint Task Force - MSB and the Assembly of First Nations**

A joint communication from the Assembly of First Nations and Health Canada was received in September, informing CDA that MSB and the Assembly of First Nations have formed a Joint Task Force to consider the future management of the Non-Insured Health Benefits (NIHB) Program. MSB will require input from clients for this process. The Assembly of First Nations and the Federal Government have agreed to look at other options to improve the NIHB Program, to ensure that the Assembly of First Nations has more input to the process, and that the transfer of funds be made available. Presently, dental services are excluded from transfer, but will likely be on the table in 1997.

CDA has been invited to participate in these discussions, and has requested further information on the process and parameters of its participation.

13. **Canadian International Development Agency (CIDA) Projects**

a) **CDA/Sierra Leone Dentistry Project**

A second grant of approximately \$28,120 was approved by CIDA for the Sierra Leone Dentistry Project. From October 21, 1994 to November 13, 1994, three Canadian representatives, Dr. James Lahey, Canadian Project Director, Ms. Beverly Brownlee, dental assistant and Dr. William Bedford travelled to Sierra Leone, West Africa for a follow-up visit. This visit was to assess the effects of the first phase of the professional linkage with the College of Medicine and Allied Health Sciences (COMAHS) in Freetown, Sierra Leone.

The project's short and long term goals will be assessed by CDA in a meeting with the Canadian Project Director in mid-January. Dr. Elizabeth MacSween will assist in reviewing this project, as well as future CDA/CIDA projects.

b) **Egyptian Children's Dentistry Project**

A second payment of \$15,000 was received from CIDA for the second phase of the Egyptian Children's Dentistry Project.

From August 22, 1994 to September 21, 1994, Dr. Peter Pronych, Canadian Project Director, travelled to Cairo and Alexandria, Egypt for the first project site visit. The project, a Professional Association Linkage Program involving the CDA, CIDA and the Dental Department, Ministry of Health, Egypt proposes to expand and develop an incremental oral health care program for school children in three age groups.

14. **Health Canada Representative to Board of Governors**

At the CDA/MSB Meeting of October 14, 1994, CDA was informed that the process of acquiring a senior dental consultant within Health Canada is moving forward, and that the classification for this position will likely be approved shortly. It is anticipated that this position will be posted for competition in December, 1994, and that the interview process will commence in February, 1995. CDA has been invited to participate in the selection process to fill this position.

Dr. William Bedford was the former Health Canada representative to the CDA Board of Governors. Dr. Bedford served in this position for nine years before he retired in 1991. This position has been vacant since Dr. Bedford's retirement.

APPENDIX VI

15. **Lobbyists Registration Act**

The CDA presented a brief to the House of Commons Standing Committee on Industry Studying Bill C-43 in August, 1994. The CDA's Brief presented comments and concerns relative to changes to the Lobbyists Registration Act proposed through Bill C-43 - an act to amend the Lobbyists Registration Act. In addition, the CDA Executive Director and Manager, Corporate Affairs appeared before the Committee on October 19, 1994.

APPENDIX VII

The CDA has joined the "Coalition of Associations for Government Transparency". The Coalition is an ad hoc group of Tier Two (organization) lobbyists who wish to protest the current structure and the proposed expansion of the law to regulate our contacts with public office holders.

16. **Government Relations Dinner**

Correspondence confirming the Government Relations Dinner was forwarded in November to invitees. The Dinner has been confirmed for Friday, April 7, 1995 at the Westin Hotel - Ottawa. An invitation has been forwarded to Senator Joyce Fairbairn, Leader of the Government in the Senate and Minister with Special Responsibility for Literacy to speak at this event. Unfortunately, we were informed recently that Ms. Sheila Copps, Deputy Prime Minister was unable to attend as speaker.

Respectfully submitted,

Barry Dolman, D.M.D.
Chairman, Government Relations Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Government Relations Committee as information.



APPENDIX I

September 21, 1994

Dr. Richard Kennedy
President
Canadian Medical Association
1867 Alta Vista Drive
Ottawa, ON
K1G 3Y6

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Dear Dr. Kennedy:

I have reviewed with admiration documentation detailing the CMA's strategy and initiatives on Aboriginal Health.

Over many years, the Canadian Dental Association has worked in close cooperation with Medical Services Branch, Health Canada, on matters impacting on the provision of optimal oral health to Canadian aboriginals. This direction flows from our mission statement:

"The CDA is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada - dedicated to meeting member needs and the promotion and provision of optimal oral health for Canadians."

The CMA action has provided the impetus for a more in-depth examination of some of the broader issues that impact on aboriginal access to oral health, and the development of a strategy to address impediments. With this in mind, I would greatly appreciate being kept informed on any further developments, particularly those which might provide an opportunity for cooperative participation.

On behalf of the CDA, please accept my congratulations on the most impressive work undertaken by your organization on behalf of aboriginal health.

Sincerely yours,

Raymond Wenn, D.D.S.
President

c: Dr. Léo-Paul Landry, Secretary General, Canadian Medical Association



MEMORANDUM

December 7, 1994

TO: CEO's Corporate Members

FROM: Sandra Davis, Manager,
Corporate Affairs / S. Davis

SUBJECT: Veterans Affairs Canada and TAPS

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As indicated in my memorandum of November 29, 1994, a meeting with officials of Veterans Affairs Canada (VAC) was held on December 1, 1994 to pursue outstanding issues. Specifically, the following items were brought to the table:

- Dental Claim Form - Implications with Provider Agreement
- Recall Frequency
- Balanced (Extra) Billing

Dental Claim Form - Provider Agreement

VAC has clarified that it is the submission for and receipt of payment from TAPS that activates the provider agreement. The dental claim, which the profession has designed for transmittal of claim information, is coincidental. Dentists who submit claim forms with a disclaimer disassociating them from the provider agreement will have payment refused under the program.

VAC's fiscal responsibility for the dental program requires a mechanism to address discrepancies and abuse. The Department of Justice has advised VAC that a written agreement is necessary, if enforcement of the program is to be effective. VAC acknowledges that only isolated cases of concern are evident, but these incidents alone put a strain on its ability to provide necessary service, without going beyond budgeted resources.

CDA stated that organized dentistry is adamantly opposed to the dental profession becoming involved in provider agreements with third party paying agencies. Policies encourage dentists to deal directly with patients and not to take assigned claims.

CDA outlined two options in its role of protecting its members' interests:

- to be passive, provide information and a cautionary note, as in the recent President's letter; or
- to be active and recommend that members opt out and no longer accept assignment of benefits - to disassociate themselves from TAPS

CDA stressed its primary concern for patients, as the provider agreement presented a barrier to access to treatment in the accustomed manner for this client group.

VAC committed to seek further legal advice on options that would meet both its and CDA needs. Information will be forthcoming in approximately two weeks. **Your input on the foregoing, including the options outlined is vital.**

Recall Frequency

CDA stated that its policy on recall is based on individual patient needs. Given the general profile of veterans, a more frequent recall schedule may be more appropriate. **VAC confirmed that its overall policy was one of flexibility. If a case could be made, on an individual patient basis, for more frequent recall it would likely receive favourable consideration. VAC will monitor frequency of treatment procedures to determine if the change in recall policy is having an adverse effect on patients.**

Balanced Billing

VAC has confirmed it will only pay for treatment to the percentage of fee guide currently in place in each province. Specialists will be paid 100% of the speciality fee guide if the patient is referred. If the patient is not referred, the specialist will be paid at the applicable percentage of the general fee guide.

CDA maintains its position that the dentists cannot be restricted in billing the usual and customary fee. It is CDA's view that any discussion on the percentage fee payment should be pursued at the provincial level.

Following receipt of further information from VAC on the provider agreement, CDA must consider its options. If the department does not move from its position on the imposition of the provider agreement, an active stance as indicated on page 2 may be warranted. It is essential for CDA to have your input to determine whether consensus exists among corporate members to move in this direction.

c.: Board of Governors
Dr. L. Dugal, Chair, Third Party



December, 1994

Dear Colleague:

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On October 27, 1994 CDA representatives met with representatives of Veterans Affairs Canada (VAC) to seek clarification and discuss concerns related to the dental services available to Canadian veterans through VAC. The impetus for this dialogue came primarily from an information package distributed to dentists across Canada by Blue Cross, the administrator for VAC's Treatment Accounts Processing System (TAPS) which includes the dental services program. This communication announced the implementation of "major changes" to the dental services program and introduced a Provider's Agreement and Guide effective October 1, 1994. CDA Corporate Members, the provincial dental associations, and individual members communicated to CDA serious concerns with the perceived implications for providers with clients who are veterans.

Many of the points of concern raised by CDA have been clarified. A summary of discussion points is attached for your information. However, there remains an area of major concern which I must bring to your attention, and that relates to the Provider Agreement.

Discussion with VAC has confirmed that when a provider submits a claim for payment to Blue Cross through TAPS, Blue Cross assigns an identification number to that provider. **VAC THEN CONSIDERS THE DENTIST TO BE A "REGISTERED" PROVIDER AND THE TERMS OF THE PROVIDER AGREEMENT APPLY.**

In the past, many CDA members have participated in the TAPS program, accepting assignment of benefits out of consideration for this special client group, Canadian veterans. These patients and the dentists who treat them have become accustomed to this delivery system. CDA perceives that both dentist and client would wish this arrangement to remain undisturbed. However, the utilization of a dental claims processing form to implicate dentists in a provider agreement and an associated "registry" sets a dangerous precedent -one which the insurance industry may choose to emulate.

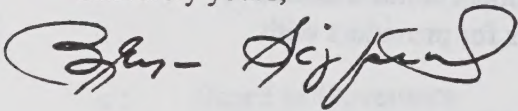
The new Provider Agreement and Guide apply only to those dentists who

100-b

choose to participate in the TAPS and accept assignment of benefits through Blue Cross. VAC has confirmed that there are absolutely no restrictions on veterans' choice of dentist. If the dentist of choice chooses not to participate in TAPS and prefers to bill VAC clients directly, then these clients can submit their claims for reimbursement directly to VAC. Further, VAC will not require its clients to only select dentists who participate in TAPS. However, if requested by clients, they will provide names of dentists who accept TAPS.

A follow-up meeting with representatives of VAC is being arranged to present CDA concerns on this issue, and seek their resolution. Immediately following this meeting, CDA will communicate the results of this consultation process. In the meantime, it is **extremely important that you are aware of the implications of claims processing through TAPS and the alternative.**

Sincerely yours,



Bryun Sigfstead, D.D.S.
President

Attachment

MESSAGE TO DENTISTS PROVIDING TREATMENT TO CANADIAN VETERANS RECEIVING DENTAL BENEFITS THROUGH VETERANS AFFAIRS CANADA

The following information outlines major discussion points of the October 27, 1994 meeting between CDA and Veterans Affairs Canada (VAC).

It is extremely important that those dentist providers who choose to participate in TAPS do so on an informed basis. The following points of discussion and decisions should be reviewed with care in making this decision.

Communication

Any future changes to the dental program and the associated Provider Agreement and Guide will involve consultation with the CDA. CDA will receive advance notice of changes and VAC will consider seriously any comments received. Prior to meeting with CDA, VAC had characterized the October 1 changes as administrative in nature. From its point of view, they put into written form practices and procedures which had been in place for many years. VAC now agrees that providers are a legitimate part of the consultation process.

VAC has indicated that it intends to provide information to its clients on changes to their coverage during 1995. This information will be part of a package which will outline changes to dental and other services available to veterans through VAC. Experience has shown that frequent, ad hoc announcement of changes can cause confusion and concern among this special client group, and a comprehensive information package is more effective. CDA is considering an offer from VAC to prepare a pamphlet outlining benefits of its dental services program for distribution through the dental office.

Application of Provider Agreement and Guide

The new Provider Agreement and Guide apply only to those dentists who choose to participate in the TAPS and accept assignment of benefits through Blue Cross. VAC has confirmed that there are absolutely no restrictions on veterans' choice of dentist. If the dentist of choice chooses not to participate in TAPS and prefers to bill VAC clients directly, then these clients can submit their claims for reimbursement directly to VAC. Further, VAC will not require its clients to only select dentists who participate in TAPS. However, if requested by clients, they will provide names of dentists who accept TAPS.

When a provider submits a claim for payment to Blue Cross through TAPS, Blue Cross assigns an identification number to that provider. In most cases this number is the dentist's unique ID number. VAC then considers the dentist to be a

"registered" provider and the terms of the Provider Agreement apply.

Clauses 11 & 12 - Provider Agreement stipulate the right of VAC to determine who can participate as a provider under TAPS. Those who abuse the system will be excluded from it. This does not restrict providers from billing the client directly, nor does it impact on VAC's payment to the client for treatment. However, one should not assume that VAC will pay for any and all treatment billed directly to the client. VAC has acknowledged that this provision is subject to legal challenge.

Billing for Services under TAPS

Although there are no formal agreements in place between provider groups and VAC, historically dentists participating in TAPS are paid either 90 or 100% of the provincial fee guide depending on the province of practice. CDA believes that this is a matter for negotiation between VAC and provincial dental associations. Dentists who choose to participate in TAPS are limited in payment to the percentage of the provincial fee guide accepted by VAC. Extra billing is not acceptable. **CDA has stated that third parties may not restrict dentists from billing their customary and usual fee, and that VAC policy may be a disincentive to participation in TAPS.**

With regard to *Clause 3(e) - Provider Agreement* VAC has clarified that it recognizes and respects the right of the dentist to bill patient/client for services rendered and expenses incurred up to the date of cancellation or delivery refusal.

Claim Form - Confidentiality of Patient Records

Dentists submitting claims to Blue Cross under TAPS **may utilize the CDA Standard Dental Claim Form**, or the Blue Cross TAPS form which is currently in place. **In response to CDA concerns regarding the Client Signature area, the wording of the Blue Cross TAPS form will be amended to be identical to that of the CDA Standard Claim form on next printing.**

VAC has confirmed that only information pertaining directly to the claim under review/audit can be accessed by Blue Cross agents. In addition, auditors will be required to provide the dentist with a release of medical information from the patient in question. This release will remain with the dentist as part of the patient's record.

VAC recognizes the right of provincial licensing bodies to access information as allowed by legislation. This is acknowledged through *Clause 8 - Provider*

Agreement. In an attempt to standardize the provider agreement so that it can be adapted to other groups of providers, terminology has been generalized "in accordance with the applicable legislation".

Appeals

Providers may appeal the findings of an audit through Blue Cross or with VAC. Blue Cross is required to consult with VAC prior to commencing an audit. VAC has stated that an audit is definitely not a challenge to a treatment plan. Essentially it attempts to validate billings for treatment.

VAC has agreed to provide providers with more specific information on its appeal mechanism.

Other Third Party Coverage

The Standard Dental Claim Form requires a patient to provide information concerning other third party coverage. *Clause 3(f) - Provider Agreement* asks providers to warrant, to the best of their knowledge, that no other third party coverage exists and that a claim for this same treatment has not been made to another third party. **VAC acknowledges that a provider cannot be held responsible for the accuracy of patient disclosure of this information.**

Responsibility for Checking Eligibility and Benefit Limits

CDA has indicated that this is not the responsibility of the dentist but rather is an obligation shared between the patient and VAC. It imposes an increased administrative burden on the dental office, and does not apply to any other third party plan. VAC has confirmed that it is a requirement for those participating in TAPS, and that access to VAC through the 1-800 number minimizes administrative impact. At CDA's request VAC will review procedures for new patients who present at the dental office outside of VAC office hours.

Preauthorization of Treatment

Treatment which exceeds the limitations as outlined in the Providers Guide requires preauthorization. **CDA has stated that only the patient authorizes treatment - VAC authorizes payment for treatment.**

In many instances, VAC dental consultants will contact the dentist to discuss treatment options whenever a treatment plan is being questioned. If payment for a particular treatment plan is denied, both the patient and the dentist are informed.

The veteran has the right to appeal the decision and/or pay for the treatment and pursue VAC directly .

Both CDA and VAC agree that it is in the patient's best interest to have authorizations considered on an individual patient basis, rather than establish definite rules. Having made the policy decision to proceed in this manner, VAC reserves the right to refuse payment for treatment which it deems to go beyond the patient's needs. **CDA does not share this view, treatment need is a patient/dentist determination. Payment of claims is a VAC responsibility.**

VAC has confirmed that authorization for root canals will be dealt with on a reasonable basis and has referred to the department's past history to support this statement.

Bonded Amalgam

Bonded amalgams are not included in the schedule of dental services covered by VAC. Current policy will not allow for the payment at the lesser rate of a simple amalgam. CDA Guidelines on the Utilization of Bonded Amalgams have been provided to VAC for review of its position. This approach mirrors that taken recently with Medical Services Branch. Effective January 1, 1994, MSB recognizes bonded amalgam as an alternative equivalent benefit, and will reimburse claims for this procedure at the rate of a simple amalgam.

April, 1995

Dear Colleague:

Last December I wrote to you to provide information on CDA discussions with Veterans Affairs Canada (VAC) concerning changes to the dental services available to Canadian veterans, effective October 1, 1994. The major concern identified at that time, was the imposition of a Provider Agreement on dentists who submit assigned claims to VAC's Treatment Accounts Processing System (TAPS), and the establishment of a "registry of providers".

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Further meetings with the department have been held, the last one occurring on February 16, 1995. CDA's role in these discussions has been one of consultation. No attempt was made to negotiate a contract/agreement between the department and the profession - indeed CDA has no authority to assume such a role. The objectives were to sensitize VAC to dentistry's concerns, to clarify VAC's intent, and to influence the department to make changes that would be in the best interest of those dentists who choose to accept payment of assigned claims through TAPS.

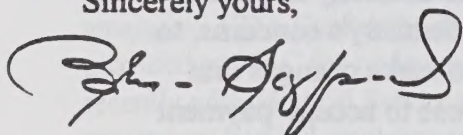
CDA believes that the progress made is reflective of a cooperative effort by VAC and CDA in meeting the shared responsibility of each in the provision of oral health care to Canadian veterans. It also recognizes the individual concerns of each - fiscal responsibility for the program on the part of VAC, and ensuring protection of legal rights and responsibilities of the profession, on the part of CDA. The results of this consultation process are outlined on the attached pages. New documentation entitled **Benefit Provision and Payment Guidelines** will replace the Provider Agreement, and will arrive in your offices shortly.

VAC will maintain its practice on flexibility, through preauthorization, to allow consideration of veterans' oral health needs on an individual basis. CDA believes that this flexibility benefits the veteran patient, and that experience with the department over a number of years is evidence of the fact that it seeks to provide a relatively high level of dental benefits to veterans.

Provisions concerning audit continue to be of concern to CDA and I urge you to review this section of the guidelines with care. CDA maintains its policy of non-assignment. Both infringement on the dentist/patient relationship, and the intrusion of third party paying agencies can result from assignment. However, we are aware that many dentists have accepted assignment of benefits for this special client group, Canadian veterans. These patients and the dentists who treat them have become accustomed to this delivery system. CDA perceives that both dentist and patient would wish this arrangement to remain undisturbed. The objective of CDA consultation was to reduce the negative implications for those dentists who will choose to continue to participate in TAPS.

I urge you to review the guidelines with care when they arrive in your office, and make your choice concerning your participation in TAPS on an informed basis.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Bryun Sigfstead'.

Bryun Sigfstead, D.D.S.
President

BENEFIT PROVISION AND PAYMENT GUIDELINES

APPLICATION

VAC has agreed to discard the Provider Agreement in favour of Benefit Provision and Payment Guidelines. These guidelines stipulate the terms and conditions that apply to those dentists who choose to participate in the TAPS and accept payment from this program. **Dentists may choose the option of billing the patient directly. In these cases the veteran will submit the claim directly to VAC for payment.**

The guidelines will clarify that only VAC, as distinct from Blue Cross, establishes policy, guidelines and rules of operation governing TAPS.

Registration does not form part of the new guidelines, and no reference will be made to a registry or registered providers. The department has reiterated that it has no intention of establishing a preferred provider system. Normal procedure, if asked for a reference of a dentist, is to refer the veteran to the appropriate provincial dental association. Only if a veteran specifically requests the name of a dentist who will accept a TAPS card, will a specific reference be made.

CLAIMS

Information on claims and payment will make reference to the CDA standard dental claim form.

The information on third party coverage will be clarified. Dentists participating in TAPS are now asked to confirm that claims submitted are true and accurate **to the best of their knowledge**, and that they have not submitted the claimed amount to any provincial health care system, or other program for payment.

AUDIT

Audit provisions remain, but the guidelines will stipulate the requirement for auditors to present a signed authorization from the patient for consent to disclose information.

No notice of audit will be given, and access to, and the ability to photocopy records, is expected at the time of on-site audit. VAC has committed to ensure that appropriate consideration is given to prevent undue interruptions to business.

A new section will be added outlining audit redress procedures.

Actions resulting from audit are defined to include criminal or civil action, referral to provincial licensing bodies and cancellation, suspension or re-instatement as a participant in the TAPS.

Cancellation/suspension relates only to the dentists ability to submit assigned claims to TAPS. The option of billing the veteran patient directly still remains.

CDA has sensitized the department to the fact that dentists may refuse access to records in defence of the principle of confidentiality of patient records. VAC acknowledges that its position on access to information in patient records could be challenged in courts. Litigation would resolve this area of contention once and for all.

TAPS PROVIDERS

VAC reserves the right to determine who may participate in the TAPS, and what is considered to be "unsatisfactory" as this relates to the claims submitted. To clarify VAC has stated "The department does not perform a role of "peer review" nor is there an intention to do so in the future. If there is a case where the actual service to a client is considered to be questionable, this would be referred to the appropriate provincial dental licensing body."

RECALL FREQUENCY

CDA policy on recall is based on individual patient needs. Given the general profile of veterans, a more frequent recall schedule than the nine-month VAC policy, may be more appropriate. VAC has confirmed that its overall policy is one of flexibility. If a case can be made, on an individual patient basis, for more frequent recall, it will likely receive favourable consideration. VAC will monitor frequency of treatment procedures to determine if the change in recall policy is having an adverse effect on patients.

BONDED AMALGAM

VAC will revise its policy on bonded amalgam. Claims will be reimbursed at the rate of a simple amalgam retroactive to October 1, 1994.

Avril 1995

Chers collègues,

Dans une correspondance que je vous adressais en décembre dernier, je vous informais des pourparlers entre l'ADC et le ministère des Anciens combattants au sujet des modifications que le ministère avait apportées, à compter du 1^{er} octobre 1994, au régime de soins dentaires offerts aux anciens combattants du Canada. À ce moment-là, nos inquiétudes avaient surtout porté sur l'imposition d'un contrat de dispensateur de soins aux dentistes qui présentaient au Système de comptabilisation des traitements (SCT) une demande d'indemnité en vertu d'une cession des prestations et sur la création d'un « registre des fournisseurs ».

Nous avons eu d'autres rencontres avec le ministère, la dernière remontant au 16 février 1995. L'ADC y a joué un rôle de consultation. Elle n'a aucunement tenté de négocier un contrat ou une entente entre le ministère et la profession; elle n'a d'ailleurs pas d'autorité en ce sens. L'objet des rencontres était de sensibiliser le ministère aux préoccupations de la dentisterie, de clarifier ses intentions et de l'influencer pour qu'il apporte les modifications qui protégeront les meilleurs intérêts des dentistes qui décident d'accepter le paiement des cessions de prestations d'assurance par le biais du SCT.

L'ADC estime que le progrès réalisé reflète les efforts de coopération que le ministère et elle ont fait pour assumer leurs responsabilités respectives quant à la dispensation de soins bucco-dentaires aux anciens combattants canadiens. Il reconnaît aussi leurs soucis respectifs, à savoir : responsabilité financière du programme, de la part du ministère, et protection des droits et responsabilités juridiques de la profession, de la part de l'ADC. Les pages qui suivent résument le résultat de cette consultation. Un nouveau document intitulé « Versement des prestations et Guide des paiements », que vous recevrez bientôt, remplacera le contrat de fournisseur.

Le ministère continuera de se montrer souple, par le biais de la pré-autorisation, afin de permettre l'examen sur une base individuelle des besoins des anciens combattants en matière de santé bucco-dentaire. L'ADC estime que cette souplesse bénéficiera aux patients concernés et l'expérience avec le ministère a démontré au fil des ans que celui-ci cherche à offrir des soins dentaires relativement élevés aux anciens combattants.

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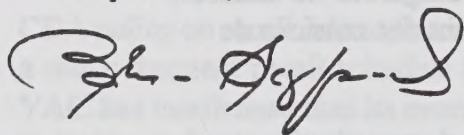
CABINET
DU
PRÉSIDENT

Les dispositions concernant la vérification continuent d'inquiéter l'ADC et je vous prie d'examiner attentivement cette partie du guide. L'ADC maintient sa politique contre la cession des prestations d'assurance. Celle-ci peut mener à la transgression de la relation entre le dentiste et le patient et à l'intrusion de la tierce partie qui assume la note. Nous savons cependant que plusieurs dentistes acceptent la cession des prestations pour la clientèle particulière que représentent les anciens combattants. Ces derniers et les dentistes qui les soignent se sont habitués à ce mode de prestation. L'ADC remarque aussi que ni les uns ni les autres ne voudraient modifier cet accommodement. L'intervention de l'ADC avait donc pour objet de réduire les effets négatifs pour les dentistes qui choisiront de continuer à participer au SCT.

Je vous invite avec instance à examiner attentivement le guide quand vous le recevrez et à éclairer le choix que vous ferez quant à votre participation au SCT.

Sincèrement,

Le président,

A handwritten signature in dark ink, appearing to read 'Bryun Sigfstead' with a stylized flourish at the end.

Bryun Sigfstead, D.D.S.

VERSEMENT DES PRESTATIONS ET GUIDE DES PAIEMENTS

APPLICATION

Le ministère des Anciens combattants Canada a accepté de renoncer au « contrat de dispensateur de soins » pour lui substituer le document intitulé « Versement des prestations et Guide des paiements ». Le document précise les modalités qui s'appliqueront aux dentistes qui choisiront de participer au SCT et d'accepter le paiement de leurs services par le biais de ce programme. Les dentistes pourront choisir de facturer directement le patient. Le cas échéant, l'ancien combattant soumettra lui-même la demande d'indemnité directement au ministère pour en obtenir le paiement.

Le guide précisera que seul le ministère des ACC, et non pas la Croix Bleue, établit les politiques, les lignes directrices et les modalités de fonctionnement du SCT.

L'inscription ne fera pas partie du nouveau guide et on ne fera mention ni de registre ni de fournisseurs inscrits. Le ministère a réitéré qu'il n'a pas l'intention d'établir un système de fournisseurs privilégiés. Si un ancien combattant demande qu'on lui recommande un dentiste, la procédure normale consistera à l'orienter vers l'association dentaire provinciale concernée. Il n'y aura de recommandation précise que si l'ancien combattant demande expressément le nom d'un dentiste qui acceptera sa carte du SCT.

LES DEMANDES D'INDEMNITÉ

L'information apparaissant sur les demandes d'indemnité et le formulaire de paiement tiendra compte du formulaire normalisé de demande d'indemnité de l'ADC.

L'information concernant la prestation d'assurance sera clarifiée. Les dentistes qui participent au SCT devront dorénavant confirmer en autant qu'ils le peuvent la véracité et l'exactitude de la demande d'indemnité et qu'ils n'en auront pas demandé le paiement à un régime provincial d'assurance médicale ni à quelque autre régime.

LA VÉRIFICATION

Les dispositions concernant la vérification demeurent, mais les lignes directrices exigeront que les vérificateurs présentent le consentement par écrit du patient autorisant la divulgation de l'information.

Il n'y aura pas d'avis préalable et on s'attend que le vérificateur aura accès aux dossiers et qu'il pourra les photocopier sur place au moment de la vérification. Le ministère s'est engagé à faire en sorte de ne pas interrompre outre mesure les activités.

On ajoutera une nouvelle partie décrivant les procédures de redressement à la suite d'une vérification.

La définition des mesures découlant de la vérification comprennent les poursuites au criminel ou au civil, la dénonciation devant l'organisme provincial de réglementation ainsi que l'annulation, la suspension ou la réintégration en tant que participant au SCT.

L'annulation et la suspension ne touchent que la capacité du dentiste de présenter au SCT des demandes d'indemnités en vertu de cessions de prestations. Le choix de facturer directement le patient demeure.

L'ADC a sensibilisé le ministère à la possibilité pour les dentistes de refuser l'accès aux dossiers en vertu du principe affirmant le caractère confidentiel des dossiers des patients. Le ministère estime que cette position concernant l'accès à l'information contenue dans les dossiers des patients peut être contestée devant les tribunaux. Le litige pourrait permettre de régler ce point de façon définitive.

LES FOURNISSEURS DU SCT

Le ministère se réserve le droit de déterminer qui pourra participer au SCT et d'établir ce qui pourra être considéré comme « insatisfaisant » en ce qui a trait à la demande d'indemnité présentée. Pour clarifier sa pensée, le ministère a précisé : « Le ministère ne joue pas un rôle de "révision par les pairs" et il n'a pas l'intention de le faire à l'avenir. Il soumettrait à l'organisme provincial de réglementation compétent les cas où le service réel rendu à un client soulèverait des doutes. »

LA FRÉQUENCE DES VISITES PÉRIODIQUES

La politique de l'ADC concernant la fréquence des visites périodiques repose sur les besoins individuels des patients. Étant donné le profil général des anciens combattants, il serait peut-être préférable que les visites périodiques se fassent à une fréquence plus rapprochée que les neuf mois prévus par le ministère. Le ministère a confirmé qu'il avait comme politique générale d'être souple. Si on peut lui démontrer, sur une base individuelle, qu'il est préférable d'avoir des visites plus fréquentes, il accueillera probablement la demande favorablement. Le ministère surveillera la fréquence des traitements pour établir si la modification de la politique touchant les visites périodiques affectera les patients.

L'AMALGAME COLLÉ

Le ministère révisera sa politique concernant les amalgames collés. Les demandes d'indemnité seront payées au tarif de l'amalgame simple, rétroactivement au 1^{er} octobre 1994.



**MESSAGE TO ALL DENTISTS PARTICIPATING IN
HEALTH CANADA-MEDICAL SERVICES BRANCH (MSB) PROGRAM
FOR NATIVE CANADIANS**

On October 14, 1994 representatives of CDA and MSB met in an attempt to resolve outstanding concerns surrounding changes to the Non-Insured Health Benefits Program (NIHB) and associated issues which were outlined by CDA in its July, 1994 message.

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ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

To recapitulate, items remaining on the table for resolution were:

Requirement for the Client Signature Block

Mandatory tooth chart information

Policy on bonded amalgams

In addition, CDA provided MSB with provider feedback on experience with the new claim form and associated administrative problems with claims processing. This information was obtained from CDA corporate members, the provincial dental associations.

CDA believes that the progress and decisions outlined hereunder are reflective of a cooperative effort by MSB-Health Canada and CDA in meeting the shared responsibility of each in the provision of oral health care to Canadian native peoples. They also recognize the individual concerns of each - fiscal responsibility for the program on the part of MSB, and minimizing administrative burden and ensuring protection of legal and ethical responsibilities of providers, on the part of CDA.

Client Signature Block

All clients eligible for coverage under the NIHB Program are referenced in a Personal Information Bank (PIB) established for MSB by Treasury Board Canada under the Privacy Act. The PIB provides, in part, that *"information may be exchanged with provincially-registered practitioners and pharmacists and with the Bureau of Dangerous Drugs, Health Protection Branch, to ensure compliance with program management policies on medical necessity and eligibility."* MSB legal counsel opinion is that this provision negates the necessity for patient signature for release of information. CDA is now obtaining a legal opinion on the sufficiency of this new information, in terms of provider responsibility under provincial government and licensing body requirements. MSB has assured CDA that if CDA legal counsel identifies that valid concerns associated with provider responsibility still remain, the Client Signature Block will be reinserted in the next printing of the NIHB claim form.

Mandatory Tooth Chart Information

MSB will tailor the utilization of tooth chart information, and has revisited its mandatory requirement. Tooth charting will remain a mandatory requirement for

all approvals (predetermination), and all claims for complete examinations (including complete specialty examinations), for prophylaxis treatments, and for recall examinations (including recall packages). Tooth charting is no longer a mandatory requirement for emergency treatment under any circumstances, or for other treatment circumstances not indicated above. This change is effective December 1, 1994. MSB has agreed to review the tooth chart requirement for recall examinations.

Bonded Amalgams

Effective January 1, 1995 bonded amalgams will be accepted by MSB as an alternative equivalent benefit. Essentially, claims for bonded amalgams will be reimbursed at the level of a simple amalgam, without prior approval. There will be no retro-active payment for bonded amalgams provided prior to January 1, 1995. This decision is based on recent MSB research and review of CDA Guidelines submitted to assist in examination of this treatment option. MSB has stated, that over time, bonded amalgams may be added to the Program as a defined benefit, however, it considers it premature to do so at this time.

Third Party Coverage

Under Part Three of the NIHB claim form, providers are required to request that the patient provide information on other third party coverage. MSB acknowledges that providers cannot be held responsible for the authenticity of the information disclosed. The mandatory requirement for this information is long standing.

MSB is experiencing some administrative difficulties relative to disclosure of third party coverage. It intends to streamline current procedures to address disincentives to disclosure of this information for both the provider and the patient. MSB will inform CDA of any changes in this area at the next joint meeting.

Electronic Data Interface

The NIHB system is not currently set up to accommodate electronic data interface. This will be a requirement in future system updates.

The next meeting between CDA and MSB is scheduled for January, 1995. Members will be provided with further updates through the CDA *Communiqué*, and the communication vehicles of provincial dental associations.



APPENDIX VI

November 4, 1994

Ms. Kay Stanley
Assistant Deputy Minister
Health Promotion and Services Branch
Health Canada
Jeanne Mance Building
Tunney's Pasture
Ottawa, ON
K1A 1B4

CANADIAN
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OFFICE
OF THE
EXECUTIVE
DIRECTOR

CABINET
DU
DIRECTEUR
GÉNÉRAL

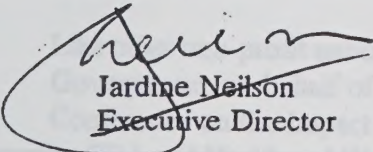
Dear Ms. Stanley:

At a recent meeting between representatives of the Canadian Dental Association (CDA) and Medical Services Branch (MSB), I was delighted to hear from Dr. Douglas Shedden that the process for acquiring a senior dental consultant within Health Canada is moving forward. Dr. Shedden was kind enough to relay to me, on an informal basis, that CDA will once again be asked to participate in the selection process to fill this position. The purpose of my letter to you is to formally indicate our keen desire to assist in this process.

As you know, this position has been vacant since Dr. William Bedford, the former incumbent, retired some three years ago. The CDA has felt keenly the void created by the lack of a senior dental consultant within Health Canada. Historically, this position has provided CDA with an effective access to information emanating from Health Canada, and with a contact point for dentistry's input to the many programs and services under its mandate.

If there is anything further I can do to assist in this regard, I would be pleased to do so.

Sincerely yours,


Jardine Neilson
Executive Director

c.: Dr. Douglas Shedden, Acting Director, Epidemiology & Community
Health Specialties, Indian & Northern Health Services, MSB
Ms. Janice Hopkins, Director General, Indian and Northern Health
Services



**Canadian
Dental
Association**

**L'Association
Dentaire
Canadienne**

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CANADIAN DENTAL ASSOCIATION BRIEF

TO THE

SUB-COMMITTEE OF THE STANDING COMMITTEE ON INDUSTRY

OF THE HOUSE OF COMMONS STUDYING BILL C-43

AN ACT TO AMEND THE LOBBYISTS REGISTRATION ACT

AND TO MAKE RELATED AMENDMENTS TO OTHER ACTS

AUGUST, 1994

The Canadian Dental Association is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada — dedicated to meeting member needs, and the promotion and provision of optimal oral health for Canadians.

Porte-parole national officiel, principale ressource et point de convergence de la profession au pays, l'Association dentaire canadienne cherche à satisfaire aux besoins de ses membres et à promouvoir l'excellence et la prestation des meilleurs soins dentaires possibles à la population canadienne.

This brief presents comments and concerns of the Canadian Dental Association (CDA), relative to changes to the Lobbyists Registration Act (LRA) proposed through Bill C-43 - an act to amend the Lobbyist Registration Act.

The CDA is a national professional health association representing 10,000 members of the dental profession across Canada. Its Mission prescribed through its Constitution and By-Laws states:

"The CDA is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada - dedicated to meeting member needs, and the promotion and provision of optimal oral health for Canadians."

The CDA supports the purposes of the Lobbyists' Registration Act assented to in September, 1988 as described in the preamble to the Act. In compliance with the Act, appropriate individuals, including association executives and volunteer members of the profession, have been registered as Tier II Lobbyists. The association executives are salaried staff members; the volunteer members of the profession concerned fall under the Association's per diem policy according them compensation for loss of practice time. The requirement to register volunteer members was confirmed by departmental officials as, in their view, per diem compensation was considered a "payment" under the LRA.

The proposal to eliminate the distinction between Tier I and Tier II lobbyists, emanating from the June, 1993 Report of the Standing Committee on Consumer and Corporate Affairs and Government Operations, would have imposed a considerable human and financial resource burden on the CDA. The proposals outlined in Bill C-43 categorizing CDA under In-House Lobbyists (organizations), while less onerous, still present concerns.

CDA is a non-profit organization incorporated under Part II of the Canada Corporations Act. Its registered lobbyists represent a known constituency, whose purpose is clearly defined through a Mission Statement and Goals defined in By-Laws. By-Laws of national non-profit organizations are filed annually with the Department of Industry and Science (formerly Consumer and Corporate Affairs Canada).

CDA does not work from a "game plan" of scheduled government lobby activities. As a norm, it interfaces with government to meet the needs of the public, the profession **and** government. Generally, it does not lobby government for funds, although it may support funding applications of others for grants, (such as research grants through the National Health Research and Development Program), geared to improving the oral health of Canadians.

Like other non-profit national health organizations, the CDA works in partnership with the Federal Government on behalf of the profession and the public. An example of this was the 1991 CDA Conference on the Impact of HIV and Other Infectious Agents in Oral Health Care, jointly funded by CDA and Health and Welfare Canada's Federal Center for AIDS. The Conference allowed for a careful and comprehensive review of all CDA policies and guidelines concerning infection control, and resulted in amendments and recommendations to further protect the public and the profession. It met the joint need for government and the CDA to act in light of public concern and professional responsibility.

Dentistry as a profession, and oral health as a subject are complex. The CDA is a valuable source of information for government in dealing with legislation, regulation, policy and programs in these areas. Communication between CDA and government allows each to meet its respective commitment to the public and the profession. The impetus for government meetings and consultation in fact comes from the government itself as well as from the association. To place a potentially onerous administrative and financial burden on these communications, would impede the association's ability to interact with government, which is clearly not the intent of the LRA.

The preamble to the LRA states, "whereas free and open access to government is an important matter of public interest;" and, "whereas a system for the registration of paid lobbyists should not impede free and open access to government". However, the cost implications to the CDA of complying with the proposed reporting requirements to some extent, belie these statements. Our concern in this area is intensified by the provisions contained in Section 12 of Bill C-43, which would allow regulation of a registration fee. These provisions have the potential to increase the financial impediment to communication between CDA and government, and would be counter to the best interests of the publics we both serve.

The CDA is also concerned about the proposal to develop a Lobbyists' Code of Conduct, outlined in Section 10. We see this as another area of activity which will impose a financial burden on CDA - and it will do so with no offsetting benefit to government or the association. Association executives already have a code of conduct through their membership in the Canadian Society of Association Executives. Volunteer members who lobby on behalf of the dental profession must abide by the CDA Code of Ethics, which clearly states the profession's responsibility to the public.

The Canadian Dental Association therefore submits the following recommendations for consideration.

RECOMMENDATIONS

1. Separate provisions exist with the LRA to reflect the special nature of the non-profit organization, and especially those concerned with matters of public health and safety, taking into account the size of these organizations, the limited human and financial resources available to satisfy reporting requirements, and the fact that these organizations are sought by government as valued contributors of a constituency's perspective on public policy;
2. Associations register with the designated federal government authority on a semi-annual basis the following **general** information regarding lobbying activities:

- (i) their address and the names of employees who lobby;
- (ii) the government departments with whom the association is currently in contact, or is likely to contact in the following six months; and,
- (iii) an indication of the types of issues of interest to their association.

If government applies more extensive or stringent reporting requirements, the responsibility to report information not rest solely on association executives. The reporting function, as it specifically relates to association contacts, should be the responsibility of the government official contacted, excluding activities involving the monitoring or interpretation of legislative activity.

- 3. Association volunteers (officers) who lobby on behalf of their associations, not be required to register where any compensation received by them from the association is related to loss of time from their regular place of business, and not related to compensation for their lobbyist activities;
- 4. To ask association executives annually, or at most semi-annually, to provide an accurate and complete **general** description of their members;
- 5. The Standards of Conduct of CSAE be recognized as sufficient to voluntarily govern the conduct of association executives who lobby, and that, if volunteer members of the dental profession are required to register, the CDA Code of Ethics be similarly recognized.
- 6. No registration fees be imposed on lobbyists who represent the interests of non-profit associations concerned with public health and safety.

MANAGEMENT COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Bryun Sigfstead, Edmonton, Chairman
Dr. James Brookfield, Kirkland Lake
Dr. Barry Dolman, Montreal
Dr. Raymond Wenn, Charlottetown
Mr. Jardine Neilson, Executive Director
- Senior Staff:** Mrs. Sandra Davis, Manager - Corporate Affairs
- Coordinator:** Mrs. Suzanne Burton

1. Committee Meetings

Since the October 1994 Annual Meeting of the CDA Board of Governors, the Management Committee has met twice - November 17, 1994, and February 1, 1995. Also, a meeting was held October 1, 1994, the day prior to the 1994 Annual Meeting. Management Committee met with the Management Committee of CDSPI on January 25, 1995. Dr. Wenn completed his term on Management Committee at the close of the November Executive Council meeting.

ITEMS REQUIRING BOARD ACTION

2. 1996 Provisional Budget

At the 1994 Planning Session, the Executive Council examined and confirmed the CDA mission and goals and approved 1995 objectives and the associated major activities and projects.

1995 activities with notable implications for budget revisions include:

- Planning and Issues Coordinating Committee (PICC)
- Dental Human Resources Study
- Standards of Care Ad-Hoc Committee
- Taxation Campaign
- Task Force on Dental Education
- membership market research survey
- Perio Screening Program
- an enhanced budget for the *Communiqué*, Annual Review and President's Letters

Executive Council recognized that human resource needs must keep pace with approved program changes. Accordingly, associated staff budgets were adjusted to reflect anticipated costs. In February, an adjusted 1995 budget forecasting a revised surplus of \$78,456 was examined by Management Committee. Management directed that the 1995 budget be further adjusted to reflect additional known changes to the revenue and expense projections. The provisional budget presented to Governors at the 1994 Interim Meeting forecast a surplus of approximately \$54,000.

Based on previously established priorities, confirmed through the objectives costing and evaluation process, a draft provisional 1996 budget was prepared by staff and reviewed by Management Committee at its February meeting. The 1996 provisional budget was drafted based on the same objectives and array of activities as the 1995 adjusted budget. Revenue projections from individual membership fees have been adjusted downward to reflect experience. The 1996 provisional budget presented for Board approval does not include fee increases in any category.

RESOLVED:

- 95.6 THAT the Corporate Membership fee remain at \$25 for 1996.**

ADOPTED**RESOLVED:**

- 95.7 THAT the fee for Active Membership remain at \$425 for 1996, and that all other individual membership categories remain at the 1995 fee.**

ADOPTED**RESOLVED:**

- 95.8 THAT CDA not approach the Licensing Bodies for an increase in the Licensing Body Grant, which will remain at \$22 for 1996.**

ADOPTED

RESOLVED:

95. 9 **THAT the appended provisional budget for 1996 be approved.**

APPENDIX I**ADOPTED**

Information presented in the 1996 provisional budget relative to 1994 actuals is for comparison purposes, and is in draft form. The 1994 audited financial statements will be presented to Governors, for approval, at the 1995 Annual Meeting.

3. **Licensing Body Grant**

Discussions continue with the RCDS on the payment of the Licensing Body Grant of \$22 per licensed dentist, which was approved by the Board of Governors effective for 1994. At this time, Management Committee is optimistic that the increase in the grant will be achieved for 1995. It is appropriate to address the inequity in terms of the grants received, in 1994, from all other licensing bodies.

RESOLVED:

95. 10 **THAT the Provincial Licensing Bodies, excluding Ontario, be reimbursed the \$2.00 grant increase paid in 1994.**

ADOPTED

4. **Donation - Dentistry Canada Fund/CDA 100th Anniversary**

A request was received late in 1994 from the Dentistry Canada Fund for CDA to consider a donation to mark its 100th Anniversary in 2002. This Leadership Gift would assist DCF in launching its Planned Giving Program. Management believes that a significant contribution should be made, and that the funds should be earmarked for a particular use in celebration of CDA's 100th year.

RESOLVED:

- 95.11 **THAT \$50,000 be donated to the Dentistry Canada Fund to initiate the establishment of a CDA 100th Anniversary fund.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**5. 1995 Adjusted Budget**

The 1994 Planning Session directed staff on the revision of the 1995 provisional budget. Generally, the direction to senior staff was to make adjustments for new and enhanced 1995 objectives and their associated activities, as previously outlined. The appended notes detail the changes which caused the projection of a revised surplus.

APPENDIX II**6. Draft 1994 Financial Statements**

At its February meeting, Management reviewed draft unaudited statements to December 31, 1994. Separate and consolidated income statements and balance sheets were prepared and examined for CDA, CDAnet (including CDAnet PLUS) and CDA Conventions.

- **CDA**

Preliminary information indicates that expenses for the year are below budget. Revenue from fees is close to budget, and revenue from sources other than fees indicates some significant positive variance from projections. Notably, revenues from Consumer Products Recognition, Interest Income, and "Other/Miscellaneous" revenue, which houses the repayment of legal expenses relative to the QDSA Lawsuit and surrounding issues, account for a positive variance of approximately \$450,000.

CDA draft financial statements for 1994 project a surplus of approximately \$750,000, however, this will likely decrease as year end-expenses are accounted. Appended information highlights areas where there is a significant variance between budget and year-end position.

APPENDIX III

- **CDAnet**

Total claims processing royalty income has reached approximately \$161,000, surpassing budget projections by approximately \$30,000. Based on the December unaudited statements, expenses, primarily related to bringing CU&C and MSA on board, will also exceed budget at year-end. Thus, the program will incur a larger deficit than anticipated.

Efforts continue in the development of CDAnet PLUS and accordingly, expenses continue to mount. There has been no offsetting revenue to date and, as a result, the program is expected to exceed budget at year-end.

A business plan is being investigated for CDAnet PLUS, in order to more accurately gauge its potential for success. The business plan will identify and examine aspects of a value-added program that are unique to CDA.

CDAnet and CDAnet PLUS will be unified under CDA administrative authority. CDA staffing will be reviewed, to support this arrangement with the most effective use of existing resources. The business plan for CDAnet PLUS will be pursued, in conjunction with the implementation of revised administrative arrangements.

- Convention (Annual Dental Meeting)

The income statement for the FDI WC'94 hosted by Canada shows revenue of approximately 5.8 million dollars, against expenses slightly in excess of 4 million dollars. While expenses generally matched projections, response from the profession and the industry who supported the meeting with unprecedented high attendance, increased revenue projections beyond forecast. As well, sponsorships from the dental industry offset budgeted expenditures in various areas. The majority of expenses related to this event have been processed. However, a final reconciliation between CDA and FDI is outstanding.

The CDA Convention Reserve Fund was established to ensure the continued financial viability of CDA Conventions, through the provision of seed money, as required. As a general policy, Management approved the retention of up to \$200,000 annually from convention surplus, in the convention reserve fund. The maximum amount, \$200,000, will be retained in the reserve fund from FDI WC surplus. The remaining surplus balance will be transferred to CDA and applied to the financial objective of paying down the loan on the CDA building, and the establishment of appropriate operating reserves.

Investment strategies will be examined to achieve optimal return, targeting the loan maturity date, April 25, 1997.

It must be stressed again that information presented is in draft form. The 1994 audited statements will be presented for approval at the 1995 Annual Meeting.

7. **FDI Subscription Fee - 1995**

Executive Council approved a recommendation from the Management Committee to pay the 1995 FDI Membership Subscription Fee in the amount of \$23,274.

8. **Meetings - CDA Management Committee/Representatives of Specialty Sections**

On October 1, 1994, a meeting was held between CDA Management and representatives of CDA recognized specialty organizations. Among the topics of discussion were: Human Resources Study, Standards of Practice, Infection Control, Taxation of Dental Benefits and Provincial Specialty Examinations.

A request for CDA to provide additional funding to cover the cost of specialty representatives' attendance at the meeting was considered at Management's February meeting. The current policy of funding support for the administrative arrangements associated with the joint meeting was reinforced. In addition, CDA will now provide administrative support to assist specialty organizations with their own meeting, which precedes the meeting with CDA Management Committee.

Since the amendment to CDA By-Laws several years ago, which eliminated the requirement for reciprocal membership between CDA and its specialty sections, specialist membership in CDA has eroded significantly. This matter will be discussed at the next joint meeting, with a view to examining strategies to improve the support of organized dentistry overall.

9. **Directors and Officers/Errors and Omission Insurance**

Management Committee examined options available for CDA to self-insure for D&O/E&O insurance coverage. This initiative stemmed from an increase of approximately 500% in CDA's premium for 1994 over 1993, through Guardian Insurance Company. Management directed staff to accept the 1995 renewal with Guardian, noting some reduction in the rate for 1995, and that other options presented did not offer appropriate risk protection for CDA.

10. **CDSPI**

On January 24, 1995, Management Committee met with Mr. Peter Lawton, of Coopers & Lybrand, consultants to CDSPI on restructure, to discuss the process, and ensure that CDA input was given due consideration. The input provided related to the objectives of streamlining the corporate governance structure, and enhancing the staff management infrastructure with expertise in the insurance and investment field.

On January 25, 1995, a meeting was held between the Management Committees of CDSPI and CDA. Information on discussion points is contained in the Executive Council report.

11. **Expense Policy**

Executive Council approved a recommendation of the Management Committee to increase the mileage rate from .30¢ to .35¢ per kilometre effective January 1, 1995. The rate for accommodation at the Westin Hotel, Ottawa, is \$108 per night for 1995.

The per diem policy and its application was reviewed and confirmed by Management Committee. A 1% increase over 1995 has been factored into the 1996 provisional budget. This factor will be assessed against CPI, and a recommendation on specific per diem and honoraria rates for 1996 will be presented to Governors at the Annual Meeting.

12. **Policy for Reimbursement for Telephone and Telecopier Expenses**

Executive Council has approved a recommendation of the Management Committee, to implement a policy for the reimbursement of telephone and fax expenses incurred by members, while conducting CDA business. The approved policy is appended.

APPENDIX IV

13. **Who's Who in Dentistry**

CDA received a request from Who's Who in Dentistry, seeking its participation by providing names of candidates for inclusion in this publication. CDA was also asked to provide names and addresses of provincial corporate members and national specialty organizations which might be interested in participating in this initiative. The Communications Department has provided the appropriate names and addresses for direct contact with these organizations. CDA will not become involved in submitting the names of candidates for inclusion in Who's Who in Dentistry.

14. **Criteria For Member Services**

The report of the Planning and Issues Coordinating Committee makes reference to the need for the establishment of criteria for CDA member services. A draft document was presented to Management Committee, and has been referred to the Communications and Membership Committee for recommendation to Executive Council, as appropriate.

15. Memorial Donations

Management Committee has approved memorial donations on behalf of the late Mr. Samuel Somer, father of Dr. David Somer, Executive Council member; Mrs. Jean Elizabeth Coupland, wife of Past-President, Dr. James G. Coupland; Dr. Ronald Jordan, Dean of the University of Manitoba; and Mr. Lloyd Bowen, CDA Honorary Member.

16. CDA Staff

At each meeting of Management Committee, the Executive Director presents a report outlining staff changes which may result from hiring, termination, maternity leave, promotions, and internal transfers. As mentioned previously, the 1994 Planning Session gave direction concerning additional human resource needs consistent with established objectives.

17. Cheque Registers - President-Elect's Audit

The Executive Director reviews monthly cheque registers, which detail disbursements of the CDA. The President-Elect conducts audits of CDA disbursements on a random basis from time to time. Appropriate audits have been conducted. Cheque registers to November, 1994 have been reviewed and a report provided to Management Committee.

Respectfully submitted,

Bryun Sigfstead, D.D.S.
Chairman, Management Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Management Committee.

AN INTRODUCTION TO THE 1996 BUDGET

The following notes are intended to facilitate your review of the 1996 CDA budget.

BUDGET PROCESS

Initially, the budget process involves the senior staff who, after consultation with Committee Chairmen, develop an activity plan for each of the project areas they manage. Numbers are then attached to this plan, using previous financial statements and other indicators, to form a draft budget.

Having received general direction from Management on CDA's financial objectives, staff meet to review the global budget and to discuss modifications. These modifications are made to the point where staff believe programs can be run effectively, albeit sometimes without being able to adopt all project initiatives.

If after these adjustments the budget still does not meet the objectives set by Management, staff meet with Management to determine what project areas should be altered or terminated. They also look at areas where fees and other sources of income could be adjusted.

Once the changes are made, the draft budget is presented to Executive Council, at its February meeting. Management seeks approval for any programming changes recommended to achieve its objectives. Once approved, the budget is then presented to the Board of Governors at the Interim meeting as a Provisional Budget. This budget, including any changes ordered by the Board, is used for moving the planning process ahead for the next year.

Of course, the needs and resources of the Association continue to evolve and change over time. Accordingly, the budget is subjected to a second look at the Fall Planning Session where the new Executive has an opportunity to look at the budget it will be using. As well, the budget is compared to the actual results at that time to determine if any anomalies exist.

Any changes recommended by the Executive are then introduced into the budget and, provided it does not materially affect the bottom line, the Adjusted Budget is adopted. If the bottom line is affected, then Management again reviews the programs to determine what further adjustments are required to achieve its financial objectives. Regardless of the level of change, the budget is again presented to the Board of Governors at the Interim Meeting.

SUMMARY

In 1992, CDA adopted a five-year financial plan that had among its objectives the need to budget for modest surpluses. These surpluses were to be accumulated to first pay off debt incurred to finance projects like CDANet and second to give CDA much needed financial stability.

Budgeting for surpluses in tough economic times where members are feeling financially squeezed is difficult. However, based on new exciting program initiatives like the practice management series, our members agreed to modest fee increases in 1992, 1993 and 1994. In 1995, the Board approved a budget that saw the individual membership fee frozen but included a \$10 increase to the corporate fee. In 1996, working with healthy surpluses, CDA is recommending that all fee categories be frozen.

The 1996 Provisional Budget is based on the successful programming CDA has offered over the past few years. By focusing on expense control and non-dues income, a few new initiatives are being considered such as library automation, membership surveys, continuing education, a perio-screening program and perhaps most importantly on issue identification and proactivity.

The bottom line is a budget that meets CDA's ongoing needs, continues to enhance valuable programming for members, recognizes economic reality by freezing fees and yet still provides for a modest surplus.

PRESENTATION

GENERAL OPERATIONS

The 1996 Provisional Budget for general operations is presented in three sections, each with a different degree of detail. In each case, expenses are grouped by service centre. The groupings are Corporate Affairs, encompassing the Board of Governors, Executive Council, Management Committee and other project areas related to the corporate operations of the organization; Professional Services, encompassing those programs that are related principally to the practice of dentistry; Member Services, encompassing those programs that are related more to dental practice management or communications and finally, Administration.

Section 1 (page 1) is the projected income statement showing revenue and expenditure by service centre. It shows the "bottom line" as either a surplus or (deficit). In this presentation, a line has been added to show the impact the repayment of expenses accumulated in prior years related to the CDANet program. This amount will go into the CDANet Fund, in the Equity section of the Balance Sheet, as opposed to the CDA Surplus. Further detail will be shown at the Annual Board Meeting with the presentation of the audited statements.

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Section 2 (pages 2-4) provides more detail showing revenue and expenses by project area.

Section 3 (pages 5-12) provides schedules of more detailed information on revenues and expenditures.

In each case, for information, a column is included to show the percentage change between the 1996 Provisional Budget and the 1995 Adjusted Budget. Another column shows the line item as a percentage of the total.

Where practical, expenses normally considered part of "overhead" are allocated to the appropriate project area within each service centre. Readers should be aware, however, that in this presentation project area expenses do not include any overhead charges such as staff costs, equipment or other support services. These expenses are grouped under the general Administration area and represent a significant cost of operating the various project areas.

Included in the presentation, for comparative purposes, are the 1995 Adjusted Budget and the 1994 "actual" results to December 1994. Readers should be cautioned that the actual results are in a draft format, subject to significant change and are unaudited.

CDAnet

The CDAnet budget is also in three sections showing:

- 1) a projected income statement, page 13,
- 2) a calculation of revenues, page 14, and
- 3) a detailed listing of expenses, page 15.

ANNUAL DENTAL MEETING

The Annual Dental Meeting budget, page 16, is a simple one page projected income statement.

CONSOLIDATION

The CDA Consolidated Budget (page 17) shows a consolidation of CDA's three financial centres: general operations, CDAnet and the Annual Dental Meeting (ADM).

BUDGET NOTES

Where the change in budget is not significant an explanation may not be provided.

REVENUE

Fees

The budget incorporates the following fee structure:

Active	\$425.00	Retired Member	\$106.25
Affiliate	\$425.00	Student Member	\$ 25.00
Supporting Member	\$212.50	New Grad Member	\$410.00
Corporate Fee	\$ 25.00	Licensing Body Grant	\$ 22.00

In each case the budget is forecast using the number of individuals from or for whom payments were received in 1994 multiplied by the rate, as was done for 1995.

Non-Dues Income

Accreditation revenue has been increased based on the number of surveys planned and a revised fee schedule.

The expanded Consumer Product Recognition program has received a favourable response from the dental industry. The budget reflects modest growth.

The DAT program budget has been based on having approximately the same number of candidates take the test as occurred in 1994. The income is largely from application fees but includes the sale of additional study material as well.

The Information Services revenue budget reflects continued sales of merchandise such as the DIS series of pamphlets.

The Library Services budget represents revenue from a grant from the Dentistry Canada Fund and modest user fees levied to defray incidental expenses. The budget anticipates a modest improvement in the financial markets resulting in a marginally increased DCF grant.

The Conferences and Seminars budget has been increased based on the success of the practice management courses. Income from tax seminars and grants from the DCF for the Teaching and Student Conferences is expected to remain relatively constant. This account also houses the administration fee charged to the Convention account.

The Publications revenue budget reflects anticipated sales of advertising which has tapered off in recent years as companies look to new and innovative ways to reach their markets. The budget includes transfers from other CDA programs such as the Annual Dental Meeting and merchandising programs, based on usage. Excluding overhead, the Journal will operate with a breakeven budget.

Property revenue is conservatively reduced in 1996 reflecting the end of the lease with the Canadian Red Cross Society for the bulk of the rentable area. The Red Cross has an option to renew but their plans were not finalized at the time this budget was prepared.

Interest income is expected to grow modestly.

Other income is based largely on CDAnet royalties and overhead charges; the royalty income is used to pay off expenses accumulated from prior years. The line item also includes royalties from member programs, sales of the CDA mailing service, foreign exchange and other miscellaneous income.

EXPENSES

Corporate Affairs

Other than adjusting for increased travel and accommodation expense and for a modest increase in Honoraria and Per Diem rates, the budget for programming in this area is relatively unchanged. As always, the location and frequency of meetings has been considered, as well as the actual expenses to date.

Of note, Management Committee expense in 1994 includes a one time grant of \$50,000.

As well, \$100,000 has been included in the New Projects area, in addition to \$5,000 for the Period-Screening Program, to provide more scope for projects during the year. No funds have been allocated for a 'taxation campaign' in 1996, hence the drop in budget from 1995.

Professional Services

The project areas in this division are unchanged with the exception of a reduction in the Accreditation budget based on experience to date.

Member Services

Generally, adjustments have been made to reflect anticipated cost.

For information, the old Communications Steering Committee line item has been merged with the old Membership Committee item reflecting the political structure. The new Communications and Membership Committee area encompasses a number of project areas: Committee expenses, the Dental Awareness Program, Dental Awareness Special Projects (Corporate Sponsored Programs), General Information Services and Merchandising including the Practice Management Program. It now also includes the Membership budget which in general provides for: the "paper campaign", the membership booth, speakers' tours, advertisements, information kits, brochures and other miscellaneous expenditures. In recent years, and again in 1996, funds have been allocated for market research including member surveys. Costs are expected to be slightly higher in 1996 owing to some consulting activity.

The Publications budget has been increased to reflect a decision to mail the Communique to members under separate cover as opposed to with the Journal.

The Third Party budget in 1995 includes funding for a Shared Concerns Conference.

Administration

In the area of Staffing, each department's budget has been increased modestly to allow for an increase in wages to be awarded based on performance, as well as other minor charges based on experience. There were 42 full-time and 1 part-time staff, excluding convention staff, employed at CDA at the end of 1994.

The Operations budget is similar to the 1995 budget.

The drop in the Property budget is based on the elimination of mortgage interest expense.

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CDAnet

The CDAnet claims budget shows continued growth in claims revenue with a tapering off of expenses.

The CDAnet Plus (Value Added) budget estimates revenue conservatively and also shows a reduction in expense from 1995.

CONVENTION

The Convention budget was unavailable at the time this document was prepared. However, it is expected to run with a modest surplus so numbers have been "plugged in".

CANADIAN DENTAL ASSOCIATION
1996 BUDGET

	1996 Budget (Provis'I)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
VENUE						
ES	\$4,490,668	\$4,490,668	\$4,337,879	\$4,238,609	100.0%	64.0%
ON-DUES	2,530,764	2,508,268	2,391,342	1,934,874	100.9%	36.0%
TOTAL REVENUE	\$7,021,431	\$6,998,936	\$6,729,221	\$6,173,483	100.3%	100.0%
PENSE						
ORPORATE AFFAIRS	\$827,240	\$1,016,066	\$917,438	\$661,110	81.4%	12.6%
ROFESSIONAL SERVICES	420,978	437,975	331,285	404,975	96.1%	6.4%
EMBER SERVICES	1,852,663	1,815,953	1,653,989	1,709,214	102.0%	28.2%
ADMINISTRATION	3,470,687	3,423,464	3,200,327	3,322,550	101.4%	52.8%
TOTAL EXPENSE	\$6,571,568	\$6,693,458	\$6,103,039	\$6,097,849	98.2%	100.0%
URPLUS / (DEFICIT)	\$449,863	\$305,478	\$626,182	\$75,634	147.3%	
ss: REPAYMENT OF CDANet EXPENSE	\$360,000	\$213,582	\$80,541	\$65,995	168.6%	
ET SURPLUS / (DEFICIT)	\$89,863	\$91,896	\$545,642	\$9,639	97.8%	

	1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
FEES						
Active Fees	\$3,447,175	\$3,447,175	\$3,432,339	\$3,367,700	100.0%	49.1%
Affiliate Fees	346,800	346,800	347,075	328,100	100.0%	4.9%
Supporting Fees	19,550	19,550	19,763	15,088	100.0%	0.3%
Retired Fees	11,794	11,794	11,794	10,944	100.0%	0.2%
Student Fees	40,000	40,000	40,000	43,850	100.0%	0.6%
Corporate Fees	297,495	297,495	186,782	162,570	100.0%	4.2%
Licensing Body Grants	327,854	327,854	300,127	310,358	100.0%	4.7%
Total	\$4,490,668	\$4,490,668	\$4,337,879	\$4,238,609	100.0%	64.0%
NON-DUES INCOME						
Accreditation Surveys	\$114,441	\$101,000	\$103,337	\$98,388	113.3%	1.6%
Consumer Product Recognition	210,000	200,000	237,188	85,000	105.0%	3.0%
D A T	352,000	340,000	385,737	316,750	103.5%	5.0%
Information Services	225,000	225,000	231,549	225,000	100.0%	3.2%
Library Services	125,000	120,000	114,001	147,500	104.2%	1.8%
Conferences & Seminars	70,700	60,700	98,626	71,000	116.5%	1.0%
Publications	751,750	751,750	692,743	797,000	100.0%	10.7%
Property	24,373	108,736	112,825	108,736	22.4%	0.3%
Interest	105,000	100,000	69,388	44,000	105.0%	1.5%
Other	552,500	501,082	345,948	41,500	110.3%	7.9%
Total	\$2,530,764	\$2,508,268	\$2,391,342	\$1,934,874	100.9%	36.0%

CANADIAN DENTAL ASSOCIATION
1996 BUDGET

	1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
CORPORATE AFFAIRS						
Board of Governors	\$165,554	\$158,070	\$117,728	\$141,857	104.7%	2.5%
Executive Council	149,354	138,483	131,777	116,252	107.9%	2.3%
Management Committee	194,616	187,165	228,918	186,170	104.0%	3.0%
President's Expenses	97,920	86,820	66,197	83,194	112.8%	1.5%
Constitution & By-Laws	1,600	1,600	881	1,600	100.0%	0.0%
D.I.	40,500	44,369	49,232	28,500	91.3%	0.6%
Intercompany Relations	38,440	38,440	34,827	35,440	100.0%	0.6%
Nominations	21,400	20,507	16,062	18,097	104.4%	0.3%
Planning & Issues	12,856	12,612	5,526	0		0.2%
New Projects	105,000	328,000	266,289	50,000	32.0%	1.6%
Total	\$827,240	\$1,016,066	\$917,438	\$661,110	81.4%	12.6%
PROFESSIONAL SERVICES						
Accreditation	\$141,928	\$158,925	\$119,113	\$156,925	89.3%	2.2%
Consumer Product Recognition	17,500	17,500	13,759	17,500	100.0%	0.3%
AT	159,400	159,400	128,173	159,400	100.0%	2.4%
Dental Mat. & Devices	10,400	10,400	13,659	10,400	100.0%	0.2%
Dental Specialties	1,000	1,000	756	1,000	100.0%	0.0%
Education	66,150	66,150	38,775	36,150	100.0%	1.0%
Ethics	2,000	2,000	66	2,000	100.0%	0.0%
Commun. & Institution	22,600	22,600	16,985	21,600	100.0%	0.3%
Total	\$420,978	\$437,975	\$331,285	\$404,975	96.1%	6.4%

	1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt/ items as a % of total
MEMBER SERVICES						
Government Relations	\$20,758	\$19,292	\$22,271	\$12,496	107.6%	0.3%
Commun. & Membership	613,154	598,154	545,860	549,154	102.5%	9.3%
Insurance & Investment	31,000	31,000	48,341	61,000	100.0%	0.5%
Library	115,700	110,600	72,783	71,869	104.6%	1.8%
Publications	936,000	906,000	838,486	883,588	103.3%	14.2%
Student Affairs	89,490	89,490	88,519	89,490	100.0%	1.4%
Taxation Committee	13,844	13,700	10,749	11,400	101.1%	0.2%
Third Party Plans	32,717	47,717	26,979	30,217	68.6%	0.5%
Total	\$1,852,663	\$1,815,953	\$1,653,989	\$1,709,214	102.0%	28.2%
ADMINISTRATION						
Corp. Affairs Staff	\$550,765	\$533,441	\$458,951	\$462,252	103.2%	8.4%
Prof. Services Staff	497,478	482,753	448,429	420,228	103.1%	7.6%
Memb. Services Staff	882,858	856,372	781,050	776,320	103.1%	13.4%
Admin. Services Staff	581,786	562,282	539,455	493,150	103.5%	8.9%
Operations	476,300	472,950	421,925	581,200	100.7%	7.2%
Property	481,500	515,666	550,517	589,400	93.4%	7.3%
Total	\$3,470,687	\$3,423,464	\$3,200,327	\$3,322,550	101.4%	52.8%

	1996 Budget (Provis'I)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
ES						
Active Fees - Newfoundland	\$60,775	\$60,775	\$60,775	\$56,950	100.0%	0.9%
Active Fees - P.E.I.	18,700	18,700	18,715	19,125	100.0%	0.3%
Active Fees - Nova Scotia	181,900	181,900	182,075	180,625	100.0%	2.6%
Active Fees - N.B.	98,175	98,175	98,175	99,025	100.0%	1.4%
Active Fees - Quebec	221,850	221,850	221,816	226,525	100.0%	3.2%
Active Fees - Ontario	989,400	989,400	989,330	977,075	100.0%	14.1%
Active Fees - Manitoba	215,050	215,050	215,050	212,925	100.0%	3.1%
Active Fees - Saskatchewan	141,100	141,100	141,148	139,825	100.0%	2.0%
Active Fees - Alberta	578,425	578,425	578,093	583,950	100.0%	8.2%
Active Fees - B.C.	941,800	941,800	927,163	871,675	100.0%	13.4%
Filiate Fees - Newfoundland	0	0	0	0		0.0%
Filiate Fees - P.E.I.	0	0	0	0		0.0%
Filiate Fees - Nova Scotia	0	0	0	0		0.0%
Filiate Fees - N.B.	0	0	0	0		0.0%
Filiate Fees - Quebec	187,000	187,000	187,239	187,850	100.0%	2.7%
Filiate Fees - Ontario	151,725	151,725	151,620	127,500	100.0%	2.2%
Filiate Fees - Manitoba	0	0	0	0		0.0%
Filiate Fees - Saskatchewan	0	0	0	0		0.0%
Filiate Fees - Alberta	0	0	0	0		0.0%
Filiate Fees - B.C.	0	0	0	0		0.0%
Filiate Fees - Other	8,075	8,075	8,217	12,750	100.0%	0.1%
Supporting Fees - Newfoundland	213	213	213	0	100.0%	0.0%
Supporting Fees - P.E.I.	0	0	0	0		0.0%
Supporting Fees - Nova Scotia	638	638	638	0	100.0%	0.0%
Supporting Fees - N.B.	0	0	0	0		0.0%
Supporting Fees - Quebec	1,275	1,275	1,275	1,700	100.0%	0.0%
Supporting Fees - Ontario	9,988	9,988	9,988	6,163	100.0%	0.1%
Supporting Fees - Manitoba	0	0	0	0		0.0%
Supporting Fees - Saskatchewan	0	0	0	0		0.0%
Supporting Fees - Alberta	0	0	0	0		0.0%
Supporting Fees - B.C.	850	850	1,063	425	100.0%	0.0%
Supporting Fees - Other	6,588	6,588	6,588	6,800	100.0%	0.1%
Retired Fees - Newfoundland	0	0	0	319		0.0%
Retired Fees - P.E.I.	0	0	0	0		0.0%
Retired Fees - Nova Scotia	425	425	425	106	100.0%	0.0%
Retired Fees - N.B.	0	0	0	106		0.0%
Retired Fees - Quebec	2,338	2,338	2,338	2,231	100.0%	0.0%
Retired Fees - Ontario	5,313	5,313	5,313	5,100	100.0%	0.1%
Retired Fees - Manitoba	213	213	213	319	100.0%	0.0%
Retired Fees - Saskatchewan	106	106	106	0	100.0%	0.0%
Retired Fees - Alberta	850	850	850	850	100.0%	0.0%
Retired Fees - B.C.	2,231	2,231	2,231	1,063	100.0%	0.0%
Retired Fees - Other	319	319	319	850	100.0%	0.0%

	1996 Budget (Provis'I)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
Student Fees - Newfoundland	0	0	0	25		0.0%
Student Fees - P.E.I.	0	0	0	0		0.0%
Student Fees - Nova Scotia	1,925	1,925	1,925	3,475	100.0%	0.0%
Student Fees - N.B.	25	25	25	0		0.0%
Student Fees - Quebec	13,350	13,350	11,700	14,750	100.0%	0.2%
Student Fees - Ontario	11,700	11,700	13,350	9,750	100.0%	0.2%
Student Fees - Manitoba	3,875	3,875	3,875	3,150	100.0%	0.1%
Student Fees - Saskatchewan	2,100	2,100	2,100	2,275	100.0%	0.0%
Student Fees - Alberta	2,400	2,400	2,400	4,000	100.0%	0.0%
Student Fees - B.C.	4,025	4,025	4,025	5,250	100.0%	0.1%
Student Fees - Other	600	600	600	1,175	100.0%	0.0%
Corporate Fees - Newfoundland	3,700	3,700	2,220	2,160	100.0%	0.1%
Corporate Fees - P.E.I.	1,200	1,200	720	735	100.0%	0.0%
Corporate Fees - Nova Scotia	10,700	10,700	6,420	6,435	100.0%	0.2%
Corporate Fees - N.B.	6,200	6,200	3,720	3,720	100.0%	0.1%
Corporate Fees - Quebec	36,075	36,075	21,645	23,925	100.0%	0.5%
Corporate Fees - Ontario	121,350	121,350	81,105	57,000	100.0%	1.7%
Corporate Fees - Manitoba	13,075	13,075	7,838	7,740	100.0%	0.2%
Corporate Fees - Saskatchewan	9,000	9,000	5,397	5,355	100.0%	0.1%
Corporate Fees - Alberta	37,770	37,770	22,662	21,765	100.0%	0.5%
Corporate Fees - B.C.	58,425	58,425	35,055	33,735	100.0%	0.8%
Licensing Body Grant - Newfoundland	3,256	3,256	2,960	3,080	100.0%	0.0%
Licensing Body Grant - P.E.I.	1,056	1,056	960	1,078	100.0%	0.0%
Licensing Body Grant - Nova Scotia	9,438	9,438	8,580	9,438	100.0%	0.1%
Licensing Body Grant - N.B.	5,456	5,456	4,960	5,456	100.0%	0.1%
Licensing Body Grant - Quebec	69,300	69,300	64,000	69,300	100.0%	1.0%
Licensing Body Grant - Ontario	136,400	136,400	124,000	121,400	100.0%	1.9%
Licensing Body Grant - Manitoba	11,462	11,462	10,450	11,352	100.0%	0.2%
Licensing Body Grant - Saskatchewan	7,852	7,852	7,197	7,854	100.0%	0.1%
Licensing Body Grant - Alberta	32,880	32,880	30,280	31,922	100.0%	0.5%
Licensing Body Grant - B.C.	50,754	50,754	46,740	49,478	100.0%	0.7%
Total	\$4,490,668	\$4,490,668	\$4,337,879	\$4,238,609	100.0%	64.0%

	1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
ON-DUES INCOME						
accreditation - Colleges	\$36,412	\$30,000	\$25,189	\$28,328	121.4%	0.5%
accreditation - Universities	33,401	20,000	19,590	19,590	167.0%	0.5%
accreditation - Hospitals	8,628	15,000	22,558	14,470	57.5%	0.1%
accreditation - NDEB Grant	36,000	36,000	36,000	36,000	100.0%	0.5%
Consumer Product Recognition - Fees	210,000	200,000	237,188	85,000	105.0%	3.0%
A T - Application Fees	262,000	250,000	291,388	232,350	104.8%	3.7%
A T - Material Sales	90,000	90,000	94,349	84,400	100.0%	1.3%
fo. Services - Merchandise Sales	225,000	225,000	231,549	225,000	100.0%	3.2%
brary Services - DCF Grant	100,000	95,000	90,400	127,500	105.3%	1.4%
brary Services - Charges	25,000	25,000	23,601	20,000	100.0%	0.4%
onf. & Sem. - Teach.	10,000	10,000	17,446	10,000	100.0%	0.1%
onf. & Sem. - Stud.	10,000	10,000	11,000	11,000	100.0%	0.1%
onf. & Sem. - Annual Conv. (net)	40,000	40,000	50,000	50,000	100.0%	0.6%
onf. & Sem. - Taxation (net)	700	700	0	0	100.0%	0.0%
onf. & Sem. - Other (net)	10,000	0	20,180	0		0.1%
ublications - Commercial Advertising	669,750	669,750	604,949	700,000	100.0%	9.5%
ublications - Classified Advertising	60,000	60,000	60,874	75,000	100.0%	0.9%
ublications - Subscriptions Sales	22,000	22,000	26,255	22,000	100.0%	0.3%
ublications - Reprints Sales	0	0	665	0		
roperty - Rental - O.D.S.	4,039	4,039	4,030	4,039	100.0%	0.1%
roperty - Rental - Wayne Thomas	4,883	4,883	4,871	4,883	100.0%	0.1%
roperty - Rental - F.M.W.	5,343	5,343	5,330	5,343	100.0%	0.1%
roperty - Rental - ACFD	0	7,363	7,344	7,363	0.0%	0.0%
roperty - Rental - DCF	5,008	5,008	5,500	5,008	100.0%	0.1%
roperty - Rental - CMA	0	77,000	78,702	77,000	0.0%	0.0%
roperty - Rental - Parking	3,600	3,600	5,535	3,600	100.0%	0.1%
roperty - Rental - Escalations	1,500	1,500	1,514	1,500	100.0%	0.0%
terest - Term Deposits	82,000	82,000	49,590	32,000	100.0%	1.2%
terest - Current Account	23,000	18,000	19,798	12,000	127.8%	0.3%
ther - CDANet	510,000	353,582	220,541	0	144.2%	7.3%
ther - Royalties	15,000	15,000	11,312	15,000	100.0%	0.2%
ther - Foreign Exchange	2,500	2,500	6,017	1,500	100.0%	0.0%
ther - Miscellaneous	25,000	130,000	108,079	25,000	19.2%	0.4%
Total	\$2,530,764	\$2,508,268	\$2,391,342	\$1,934,874	100.9%	36.0%

	1996 Budget (Provis'I)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
CORPORATE AFFAIRS						
Board of Governors/Travel	\$39,900	\$38,250	\$32,832	\$45,400	104.3%	0.6%
Board Of Governors/Accommodation	38,625	41,900	21,751	31,300	92.2%	0.6%
Board of Governors/PD	40,344	36,920	22,030	28,457	109.3%	0.6%
Board Of Governors/Other	46,685	41,000	41,116	36,700	113.9%	0.7%
Executive Council/Travel	23,600	25,760	23,884	19,600	91.6%	0.4%
Executive Council/Accommodation	26,250	21,290	35,925	21,290	123.3%	0.4%
Executive Council/PD	52,260	52,333	32,985	53,817	99.9%	0.8%
Executive Council/Other	6,000	5,000	6,914	5,000	120.0%	0.1%
Executive Council Expense/Travel	5,000	2,000	4,318	2,000	250.0%	0.1%
Executive Council Expense/Accommodatio	6,000	5,520	3,667	5,520	108.7%	0.1%
Executive Council Expense/PD	7,244	3,580	3,010	3,025	202.3%	0.1%
Executive Council Expense/Other	23,000	23,000	21,074	6,000	100.0%	0.3%
Management Committee/Travel	2,000	2,000	405	4,000	100.0%	0.0%
Management Committee/Accommodation	6,760	5,000	9,163	5,000	135.2%	0.1%
Management Committee/PD	16,092	15,215	13,330	17,360	105.8%	0.2%
Management Committee/Other	2,000	2,000	3,802	2,000	100.0%	0.0%
Management Committee/Honoraria	100,444	99,450	95,624	96,550	101.0%	1.5%
Management Committee Expense/Travel	13,500	13,500	7,601	11,240	100.0%	0.2%
Management Committee Expense/Accomm	7,320	3,500	5,947	4,160	209.1%	0.1%
Management Committee Expense/PD	21,500	21,500	16,960	22,360	100.0%	0.3%
Management Committee Expense/Other	25,000	25,000	76,086	23,500	100.0%	0.4%
President's Expenses/Travel	23,700	23,700	16,380	23,700	100.0%	0.4%
President's Expenses/Accommodation	9,350	7,910	6,416	7,910	118.2%	0.1%
President's Expenses/PD	35,760	34,010	34,830	32,984	105.1%	0.5%
President's Expenses/Other	2,500	2,500	1,942	2,000	100.0%	0.0%
President's Expenses/Installation	26,610	18,700	6,629	16,600	142.3%	0.4%
Constitution & By-Laws/Travel	0	0	0	0		0.0%
Constitution & By-Laws/Accommodation	0	0	0	0		0.0%
Constitution & By-Laws/PD	0	0	0	0		0.0%
Constitution & By-Laws/Other	1,600	1,600	881	1,600	100.0%	0.0%
F.D.I./Congress Attendance	14,500	18,369	27,813	0	78.9%	0.2%
F.D.I./Corporate Fee	25,000	25,000	21,566	25,000	100.0%	0.4%
F.D.I./Ind. Memb. Admin.	1,000	1,000	-147	3,500	100.0%	0.0%
Intercorporate Relations/Travel	22,440	22,440	17,409	17,940	100.0%	0.3%
Intercorporate Relations/Accommodation	14,000	14,000	16,696	15,500	100.0%	0.2%
Intercorporate Relations/Other	2,000	2,000	721	2,000	100.0%	0.0%
Nominations/Travel	6,100	6,100	3,033	6,100	100.0%	0.1%
Nominations/Accommodation	3,320	3,320	2,344	3,320	100.0%	0.1%
Nominations/PD	1,788	895	1,720	865	199.8%	0.0%
Nominations/Other	10,192	10,192	8,964	7,812	100.0%	0.2%
Planning & Issues/Travel	3,200	3,200	1,359	0		0.0%
Planning & Issues/Accommodation	1,836	1,836	1,094	0		0.0%
Planning & Issues/PD	7,320	7,176	2,155	0		0.1%
Planning & Issues/Other	500	400	919	0		0.0%
New Projects	105,000	328,000	266,289	50,000	32.0%	1.6%
Total	\$827,240	\$1,016,066	\$917,438	\$661,110	81.4%	12.6%

	1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
PROFESSIONAL SERVICES						
Accreditation/Travel	\$21,000	\$27,300	\$15,260	\$27,300	76.9%	0.3%
Accreditation/Accommodation	16,750	16,750	11,744	16,750	100.0%	0.3%
Accreditation/PD	1,600	1,600	400	1,600	100.0%	0.0%
Accreditation/Other	20,000	8,000	20,274	8,000	250.0%	0.3%
Accreditation/University Surveys	31,886	32,692	28,045	32,692	97.5%	0.5%
Accreditation/College Surveys	38,244	35,092	34,217	35,092	109.0%	0.6%
Accreditation/Hospital Surveys	12,448	37,491	9,173	35,491	33.2%	0.2%
Consumer Product Recognition/Travel	6,800	9,800	4,881	9,800	69.4%	0.1%
Consumer Product Recognition/Accommod	3,500	3,500	2,646	3,500	100.0%	0.1%
Consumer Product Recognition/PD	5,000	3,000	3,978	3,000	166.7%	0.1%
Consumer Product Recognition/Other	2,200	1,200	2,254	1,200	183.3%	0.0%
AT/Travel	25,300	25,300	13,998	25,300	100.0%	0.4%
AT/Accommodation	15,750	15,750	7,753	15,750	100.0%	0.2%
AT/PD	6,000	6,000	7,000	6,000	100.0%	0.1%
AT/Other	2,500	2,500	2,336	2,500	100.0%	0.0%
AT/Test Program	109,850	109,850	97,086	109,850	100.0%	1.7%
Dental Mat. & Devices/Travel	4,900	4,900	9,008	4,900	100.0%	0.1%
Dental Mat. & Devices/Accommodation	3,000	3,000	1,628	3,000	100.0%	0.0%
Dental Mat. & Devices/PD	1,500	1,500	2,000	1,500	100.0%	0.0%
Dental Mat. & Devices/Other	1,000	1,000	1,023	1,000	100.0%	0.0%
Dental Specialties/Travel	0	0	0	0		0.0%
Dental Specialties/Accommodation	0	0	43	0		0.0%
Dental Specialties/PD	0	0	0	0		0.0%
Dental Specialties/Other	1,000	1,000	712	1,000	100.0%	0.0%
Education/Travel	24,300	24,300	11,175	9,800	100.0%	0.4%
Education/Accommodation	16,650	16,650	3,814	5,150	100.0%	0.3%
Education/PD	7,400	7,400	1,800	3,400	100.0%	0.1%
Education/Other	1,800	1,800	3,503	1,800	100.0%	0.0%
Education/Teaching Conference	16,000	16,000	18,483	16,000	100.0%	0.2%
Exhibits/Travel	0	0	0	0		0.0%
Exhibits/Accommodation	0	0	0	0		0.0%
Exhibits/PD	0	0	0	0		0.0%
Exhibits/Other	2,000	2,000	66	2,000	100.0%	0.0%
Commun. & Institution/Travel	13,100	13,100	10,412	12,600	100.0%	0.2%
Commun. & Institution/Accommodation	5,000	5,000	3,579	4,500	100.0%	0.1%
Commun. & Institution/PD	3,000	3,000	1,300	3,000	100.0%	0.0%
Commun. & Institution/Other	1,500	1,500	1,694	1,500	100.0%	0.0%
Total	\$420,978	\$437,975	\$331,285	\$404,975	96.1%	6.4%

	1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
MEMBER SERVICES						
Government Relations/Travel	\$1,000	\$0	\$2,235	\$0		0.0%
Government Relations/Accommodation	1,000	0	1,102	0		0.0%
Government Relations/PD	1,790	1,790	0	1,766	100.0%	0.0%
Government Relations/Other	11,500	11,500	16,977	6,728	100.0%	0.2%
Ad Hoc Com. on MSB/Travel	2,100	2,656	1,185	1,656	79.1%	0.0%
Ad Hoc Com. on MSB/Accommodation	1,476	1,476	132	476	100.0%	0.0%
Ad Hoc Com. on MSB/PD	1,788	1,766	0	1,766	101.2%	0.0%
Ad Hoc Com. on MSB/Other	104	104	641	104	100.0%	0.0%
Com. & Memb./Travel	7,779	7,779	3,136	7,779	100.0%	0.1%
Com. & Memb./Accommodation	7,779	7,779	1,646	7,779	100.0%	0.1%
Com. & Memb./PD	10,609	10,609	1,855	10,609	100.0%	0.2%
Com. & Memb./Other	27,122	27,122	27,277	2,122	100.0%	0.4%
Com. & Memb./DHM	3,493	3,493	3,350	3,493	100.0%	0.1%
Com. & Memb./DAP	82,800	82,800	50,143	82,800	100.0%	1.3%
Com. & Memb./DAPS	0	0	-1,097	0		0.0%
Com. & Memb./Merchandise	216,175	216,175	171,975	212,175	100.0%	3.3%
Com. & Memb./Memb. Promo	205,000	190,000	191,676	170,000	107.9%	3.1%
Com. & Memb./Prac. Mgmt.	25,000	25,000	56,888	25,000	100.0%	0.4%
Com. & Memb./Info. Services	27,397	27,397	39,011	27,397	100.0%	0.4%
Insurance & Investment/Travel	5,000	5,000	1,252	5,000	100.0%	0.1%
Insurance & Investment/Accommodation	2,000	2,000	171	2,000	100.0%	0.0%
Insurance & Investment/PD	3,000	3,000	2,854	3,000	100.0%	0.0%
Insurance & Investment/Other	21,000	21,000	44,064	51,000	100.0%	0.3%
Library/Services	115,700	110,600	72,783	71,869	104.6%	1.8%
Publications/Newsletter	100,000	100,000	106,502	106,088	100.0%	1.5%
Publications/Ann Rep, Pres Let & Dir.	80,000	50,000	57,220	0	160.0%	1.2%
Publications/Journal Production	568,000	568,000	478,124	537,500	100.0%	8.6%
Publications/Journal Sales	188,000	188,000	196,640	240,000	100.0%	2.9%
Student Affairs/Travel	7,835	7,835	460	7,835	100.0%	0.1%
Student Affairs/Accommodation	7,387	7,387	280	7,387	100.0%	0.1%
Student Affairs/PD	1,695	1,695	600	1,695	100.0%	0.0%
Student Affairs/Other	1,028	1,028	315	1,028	100.0%	0.0%
Student Affairs/Promotion	58,814	58,814	74,923	58,814	100.0%	0.9%
Student Affairs/Student Conf.	12,731	12,731	11,941	12,731	100.0%	0.2%
Taxation Committee/Travel	3,600	3,600	178	3,000	100.0%	0.1%
Taxation Committee/Accommodation	1,300	1,300	500	800	100.0%	0.0%
Taxation Committee/PD	2,944	2,800	1,200	1,600	105.1%	0.0%
Taxation Committee/Other	6,000	6,000	8,871	6,000	100.0%	0.1%
Third Party Plans/Travel	11,069	11,069	8,294	11,069	100.0%	0.2%
Third Party Plans/Accommodation	8,798	8,798	6,801	8,798	100.0%	0.1%
Third Party Plans/PD	4,140	4,140	5,300	4,140	100.0%	0.1%
Third Party Plans/Other	4,140	4,140	2,834	4,140	100.0%	0.1%
Third Party Plans/Programs	4,570	19,570	3,750	2,070	23.4%	0.1%
Total	\$1,852,663	\$1,815,953	\$1,653,989	\$1,709,214	102.0%	28.2%

	1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt items as a % of total
ADMINISTRATION						
Corporate Affairs Staff/Travel	\$6,000	\$5,000	\$5,384	\$5,000	120.0%	0.1%
Corporate Affairs Staff/Accommodation	9,000	8,000	8,256	4,000	112.5%	0.1%
Corporate Affairs Staff/Other	13,000	13,000	10,192	9,500	100.0%	0.2%
Corporate Affairs Staff/Payroll	415,994	405,057	360,551	365,909	102.7%	6.3%
Corporate Affairs Staff/Temporary	5,000	2,500	4,224	2,500	200.0%	0.1%
Corporate Affairs Staff/Benefits	96,272	94,384	66,648	69,843	102.0%	1.5%
Corporate Affairs Staff/Training	2,500	2,500	2,619	2,500	100.0%	0.0%
Corporate Affairs Staff/Advertising & Fees	2,000	2,000	0	2,000	100.0%	0.0%
Corporate Affairs Staff/Miscellaneous	1,000	1,000	1,077	1,000	100.0%	0.0%
Prof. Services Staff/Travel	8,500	7,500	9,879	7,500	113.3%	0.1%
Prof. Services Staff/Accommodation	7,500	5,500	6,952	5,500	136.4%	0.1%
Prof. Services Staff/Other	5,500	5,500	5,354	5,500	100.0%	0.1%
Prof. Services Staff/Payroll	385,831	375,687	356,585	337,256	102.7%	5.9%
Prof. Services Staff/Temporary	2,500	2,500	915	2,500	100.0%	0.0%
Prof. Services Staff/Benefits	80,647	79,066	64,106	54,972	102.0%	1.2%
Prof. Services Staff/Training	4,000	4,000	2,124	4,000	100.0%	0.1%
Prof. Services Staff/Advertising & Fees	2,000	2,000	0	2,000	100.0%	0.0%
Prof. Services Staff/Miscellaneous	1,000	1,000	2,515	1,000	100.0%	0.0%
Member Services Staff/Travel	5,000	7,500	1,089	7,500	66.7%	0.1%
Member Services Staff/Accommodation	3,000	5,000	1,472	5,000	60.0%	0.0%
Member Services Staff/Other	8,000	5,500	5,722	5,500	145.5%	0.1%
Member Services Staff/Payroll	707,006	688,419	644,801	642,360	102.7%	10.8%
Member Services Staff/Temporary	22,000	19,500	16,864	19,500	112.8%	0.3%
Member Services Staff/Benefits	122,352	119,953	100,986	85,960	102.0%	1.9%
Member Services Staff/Training	12,000	7,000	5,558	7,000	171.4%	0.2%
Member Services Staff/Advertising & Fees	2,500	2,500	1,381	2,500	100.0%	0.0%
Member Services Staff/Miscellaneous	1,000	1,000	3,178	1,000	100.0%	0.0%
Admin. Staff/Travel	2,500	3,000	1,612	3,000	83.3%	0.0%
Admin. Staff/Accommodation	3,500	3,000	3,681	2,500	116.7%	0.1%
Admin. Staff/Other	2,500	2,500	1,988	2,500	100.0%	0.0%
Admin. Staff/Payroll	460,434	448,329	439,732	408,126	102.7%	7.0%
Admin. Staff/Temporary	8,000	3,000	10,705	3,000	266.7%	0.1%
Admin. Staff/Benefits	96,852	94,953	76,865	66,524	102.0%	1.5%
Admin. Staff/Training	6,000	5,500	5,535	5,500	109.1%	0.1%
Admin. Staff/Advertising & Fees	1,000	1,000	0	1,000	100.0%	0.0%
Admin. Staff/Miscellaneous	1,000	1,000	-662	1,000	100.0%	0.0%

	1996 Budget (Provis'I)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	'96 Prov.Bgt/ '95 Adj.Bgt.	'96 Prov.Bgt/ items as a % of total
Operations/Travel	250	250	-323	250	100.0%	0.0%
Operations/Accommodation	250	250	175	250	100.0%	0.0%
Operations/Facility R&C	6,000	6,000	4,919	5,000	100.0%	0.1%
Operations/Printing	1,500	1,500	82	1,500	100.0%	0.0%
Operations/Photocopying	3,000	2,000	2,235	2,000	150.0%	0.0%
Operations/Translation	500	500	337	500	100.0%	0.0%
Operations/Postage	5,000	7,500	3,984	2,000	66.7%	0.1%
Operations/Shipping And Delivery	6,000	6,000	4,345	5,000	100.0%	0.1%
Operations/Electronic Mail & Fax	1,500	750	1,499	500	200.0%	0.0%
Operations/Legal & Consulting	4,000	4,000	1,769	4,000	100.0%	0.1%
Operations/Equip. Purchase & Rental	95,000	95,000	74,929	95,000	100.0%	1.4%
Operations/Equip. Maintenance	25,500	25,500	21,076	20,000	100.0%	0.4%
Operations/Office Supplies	15,000	15,000	7,845	14,500	100.0%	0.2%
Operations/Stationary	43,000	43,000	31,066	42,000	100.0%	0.7%
Operations/Dues Fees & Subs	1,300	1,200	1,267	1,200	108.3%	0.0%
Operations/Software	6,000	7,500	4,718	6,000	80.0%	0.1%
Operations/Telephone	75,000	75,000	72,583	110,000	100.0%	1.1%
Operations/Admin. Charges	25,000	25,000	24,188	17,500	100.0%	0.4%
Operations/G.S.T.	45,000	45,000	34,733	140,000	100.0%	0.7%
Operations/Audit And Financial	27,500	22,000	29,262	21,000	125.0%	0.4%
Operations/Equip. Dep'n.	20,000	20,000	21,927	30,000	100.0%	0.3%
Operations/Insurance	55,000	60,000	59,797	58,000	91.7%	0.8%
Operations/Miscellaneous	15,000	10,000	19,511	5,000	150.0%	0.2%
Property/Rent	19,500	19,500	17,728	19,500	100.0%	0.3%
Property/Other	5,000	5,000	4,698	4,200	100.0%	0.1%
Property/Legal & Consulting	6,000	6,000	1,210	4,000	100.0%	0.1%
Property/Utilities	73,500	72,000	71,583	69,000	102.1%	1.1%
Property/HVAC	25,000	25,000	19,987	25,000	100.0%	0.4%
Property/Cleaning	28,500	27,500	26,205	25,500	103.6%	0.4%
Property/Security & Fire Inspection	5,500	5,000	5,216	4,500	110.0%	0.1%
Property/Bldg. Main. & Repairs	35,000	35,000	31,259	25,000	100.0%	0.5%
Property/Grounds Maintenance	13,500	15,000	10,538	14,500	90.0%	0.2%
Property/Dep'n Expense	165,000	165,000	162,942	169,000	100.0%	2.5%
Property/Mortgage	0	35,666	110,867	122,000	0.0%	0.0%
Property/Insurance	10,000	10,000	7,130	10,000	100.0%	0.2%
Property/Realty Tax	90,000	90,000	80,235	92,200	100.0%	1.4%
Property/Miscellaneous	5,000	5,000	920	5,000	100.0%	0.1%
Total	\$3,470,687	\$3,423,464	\$3,200,327	\$3,322,550	101.4%	52.8%

Canadian Dental Association
1996 CDANet Budget

	1996 Budget	1995 Budget	1994 Actual (draft)
Revenue			
Claims	\$405,600	\$300,000	\$161,082
Value Added	\$39,360	\$10,000	\$0
Total	\$444,960	\$310,000	\$161,082
Expense			
Claims - Operations	\$87,000	\$97,000	\$264,944
Claims - Marketing	\$47,200	\$57,950	\$44,489
Claims - Expense Repayment - CDA	\$360,000	\$213,582	\$80,541
Claims - Expense Repayment - Provinces	\$45,600	\$86,418	\$80,541
Sub-total	\$539,800	\$454,950	\$470,516
Value Added - Operations	\$56,000	\$87,000	\$86,497
Value Added - Marketing	\$85,000	\$109,250	\$101,201
Value Added - Expense Repayment - CDA	\$39,360	\$10,000	\$0
Sub-total	\$180,360	\$206,250	\$187,698
Total	\$720,160	\$661,200	\$658,214
Net Surplus/(Deficit)	(\$275,200)	(\$351,200)	(\$497,132)
Net Surplus/(Deficit) - Claims only	(\$134,200)	(\$154,950)	(\$309,434)
Net Surplus/(Deficit) - Value Added only	(\$141,000)	(\$196,250)	(\$187,698)
Net Surplus/(Deficit) - Claims (Without Repayments)	\$271,400	\$145,050	(\$148,352)
Net Surplus/(Deficit) - Value Added (Without Repayments)	(\$101,640)	(\$186,250)	(\$187,698)

1996 CDANet Budget
1996 Revenue Detailed

Claims

5200 dentists @ 65 claims per month @ \$.10 \$405,600

Value Added

Basic package - 600 dentists @ \$5 for 12 months \$36,000

Services - 100 dentists @ \$2.8 for 12 months \$3,360

1996 CDANet Budget
1996 Expenses Detailed

Claims - Operations

Committee	\$8,000
Chairman liaison	\$5,000
Negotiation with Blues	\$6,000
Chairman at BofG	\$3,000
legals (Blues)	\$9,000
legals (Quebec)	\$5,000
postage, stationary etc.	\$8,000
misc.	\$1,000
Sub-total	\$45,000
plus Overhead	\$42,000
Total	\$87,000

Claims - Marketing

Committee	\$1,000
Booth	\$5,000
update & run ads	\$10,000
postage, stationary etc.	\$4,000
misc	\$3,200
Sub-total	\$23,200
plus Overhead	\$24,000
Total	\$47,200

Value Added - Operations

Committee	\$9,000
legals (CDA/provinces update)	\$4,000
billing system	\$1,000
postage, stationary etc.	\$8,000
misc	\$1,000
Sub-total	\$23,000
plus Overhead	\$33,000
Total	\$56,000

Value Added - Marketing

Committee	\$4,000
Booth	\$5,000
Update & Run Ads	\$20,000
postage, stationary etc.	\$4,000
misc	\$1,000
Sub-total	\$34,000
plus Overhead	\$51,000
Total	\$85,000

Grand total without overhead \$125,200

Grand total with overhead \$275,200

Canadian Dental Association
1996 CDA Annual Dental Meeting Budget

	1996 Budget	1995 Budget	1993 Actual	1992 Actual
REVENUE				
Registration Fees	\$300,000	\$300,000	\$296,524	\$254,579
Exhibits	375,000	300,000	619,919	285,845
Social Programs	50,000	50,000	26,727	44,093
Miscellaneous	150,000	125,000	126,702	66,311
Total	\$875,000	\$775,000	\$1,069,872	\$650,828
EXPENDITURE				
Committee	\$20,000	\$20,000	\$23,031	\$9,792
Promotion	200,000	200,000	193,918	99,515
Scientific Sessions	125,000	125,000	143,050	103,684
Exhibits	100,000	100,000	111,225	15,845
Social Programs	50,000	50,000	46,850	94,124
Administration	300,000	275,000	431,155	268,056
Total	\$795,000	\$770,000	\$949,230	\$591,013
Net Surplus/(Deficit)	\$80,000	\$5,000	\$120,642	\$59,815

Note: In 1994 CDA hosted the World Dental Congress. Given the scope of that meeting it bears no relevance to the "normal" CDA Annual Dental Meetings and has therefore not been included in this presentation.

CANADIAN DENTAL ASSOCIATION
CONSOLIDATED BUDGET FOR 1996

		1996 Budget (Provis'l)	1995 Budget (Adjusted)	1994 Actual (Draft)	1994 Budget (Adjusted)	1993 Actual
Revenue						
	CDA	\$7,021,431	\$6,998,936	\$6,729,221	\$6,173,483	\$6,247,495
	CDANet	444,960	310,000	161,082	178,790	95,745
	ADM	875,000	775,000	5,879,937	4,226,800	1,069,872
		\$8,341,391	\$8,083,936	\$12,770,240	\$10,579,073	\$7,413,112
Expenses						
	CDA	\$6,571,568	\$6,693,458	\$6,103,039	\$6,097,849	\$5,395,169
	CDANet	720,160	661,200	658,214	483,116	305,692
	ADM	795,000	770,000	4,068,363	4,162,000	949,230
		\$8,086,728	\$8,124,658	\$10,829,616	\$10,742,965	\$6,650,091
Net Surplus/(Deficit)		\$254,663	(\$40,722)	\$1,940,624	(\$163,892)	\$763,021

NOTES TO THE ADJUSTED 1995 BUDGET

The provisional 1995 budget has undergone an intensive review. New projects and revised estimates based on actual results to date have resulted in changes to many program areas. The changes are summarized below. For economy sake, the budget numbers have been incorporated into the 1996 Provisional Budget in Appendix I.

REVENUE

Fees

Membership fees in the Active, Affiliate, Supporting and Retired categories were increased to reflect actual revenue received in 1994, an increase of \$103,488.

Student fees were reduced \$3,850 as the original estimate was considered too high.

Corporate fees, already adjusted for the increase in the fee from \$15 to \$25, were also increased (up \$26,545) to reflect the actual number of dentists represented by the Corporate fee payments in 1994.

Licensing Body grants were also increased the \$2.00 fee increase across the country, and to reflect an increased number of licensed dentists for a total increase of \$17,496.

The FDI fee income was transferred to the FDI expense account. This line will be eliminated from future budgets.

Non-dues income

Accreditation survey income was reduced by \$1,000 to correct an error.

Consumer Product Recognition income was increased \$100,000 based on revised projections for a broadened program.

The DAT income was increased by a total of \$10,000 (\$5,000 in fees and \$5,000 in material sales) again based on projected income.

Information Services was reduced by \$25,000 to keep the split between merchandise sales and expenses at a more moderate level (was \$50,000 now \$25,000).

The Library Services budget was reduced by \$5,000 based on the expected grant from the DCF.

Publications income was reduced \$93,000 representing an estimated decrease in advertising income. However, \$35,750 was added to reflect income transfers for internal advertising from CDANet and the Annual Dental Meeting accounts and \$27,000 was added to reflect advertising income for the Communique. As well, classified advertising income and income from the sale of reprints were reduced \$15,000 and \$3,000 respectively. The net change, a drop of \$48,250.

Property rental was adjusted upward by \$47,000 reflecting a lease with the Canadian Red Cross Society.

Interest income was increased by \$52,000 based on increased cashflow.

Other income was adjusted as follows: royalties were decreased \$5,000 based on experience, foreign exchange was increased \$1,500 based on experience and miscellaneous income was adjusted up from \$25,000 to \$45,000 based on experience. As well, \$140,000 was added to the other income budget representing the overhead that will be charged against the CDANet account, \$213,582 was added to show CDANet royalty income, \$70,000 was added representing the recovery of legal expenses, \$10,000 was added representing a DCF grant related to the Dental Human Resources Study and \$5,000 was added representing CDA RSP/RIF eligibility fee income. The net change was an increase of \$455,082.

EXPENSES

Corporate Affairs

The Board of Governors budget was increased by a total of \$11,500 representing a decision to hold two two day meetings as opposed to a one-day Interim Meeting.

The Executive Council area was increased by \$6,160 representing adjusted expense projections for the coming year. Other Executive Council expenses were increased by \$15,000 representing anticipated consulting fees. The total of the two, \$21,160.

Under FDI, as noted above, the administration account was reduced by \$2,500 representing income that will be credited against this account.

An additional \$2,500 has been budgeted in the Nominations and Awards area based on increased President's Award grants.

A budget has been added for the Planning and Issues Coordinating Committee in the amount of \$12,612.

The New Projects account has been amended to include \$5,000 for the proposed Perio Screening Program, \$15,000 for the Dental Human Resources Study, \$8,000 for the Standards of Care Ad Hoc Committee, and \$250,000 for the Taxation of Dental Plan Premiums Campaign for a total of \$278,000.

Professional Services

The Accreditation budget has been increased by adding \$2,000 to the Hospital Surveys account due to anticipated workload.

The Education Committee account has been increased by a total of \$30,000 representing \$5,000 for the activation of the Continuing Education Committee and \$25,000 for the Task Force on Dental Education.

The Community and Institutional Dentistry Committee budget has been increased by \$1,000 representing increased activity related to sports dentistry.

Member Services

The Government Relations budget was increased by \$5,000, plus another \$2,000 for the Medical Services Branch budget, under the Government Affairs umbrella, based on anticipated meeting costs.

The Communications and Membership Committee budget, contains a number of line items and now incorporates the Membership Promotion budget which used to be shown separately. The main budget has been increased by \$25,000 in anticipation of consulting expenses. The Merchandise line item has been increased by \$4,000 representing initial printing costs for a Third Party prepaid dental plan policy manual and the Membership Promotion line item has been increased by \$20,000 reflecting a decision to undertake a market research survey of the mandatory provinces in 1995. The total change, up \$49,000.

The Insurance and Investment budget has been reduced by \$30,000 recognizing that legal fees should be lower in 1995.

The Library budget has been increased by a total of \$38,731 representing the purchase of books, periodicals and journals etc. now in the CDA budget following the transfer of the Library Trust

Fund to the DCF (\$32,000). In addition the budget has been enhanced somewhat to reflect anticipated needs, principally marketing and promotion.

The Publications budget has been reorganized to reflect anticipated needs for next year; it includes increased costs to produce the Communique and Annual Review as well as an additional \$25,000 budgeted for President's Letters. An increased production budget for the Journal is coupled with a reduced Journal sales cost expense, reflecting the lower advertising revenue. The total change is \$22,412 in additional expense.

The Third Party plans budget has been increased by \$17,500 reflecting costs for the Shared Concerns conference.

Administration

The various staff budgets have been increased to reflect anticipated costs in 1995. The budget for benefits has increased \$103,000; as well, \$120,000 has been added to reflect changes in the payroll structure, the possible addition of new staff and anticipated replacement costs of people on leave. Other adjustments, made to reflect current costs, added \$7,500 for a total increase of \$230,500.

The Operations budget has been reduced by \$126,500 reflecting reduced and/or reallocated GST expense, reduced telephone expense and reduced depreciation expense, as well as a few other minor changes.

Property expense has been reduced by \$90,334 representing, primarily, the paydown of the mortgage and the resulting saving of interest charges, as well as a lower property tax budget, and other minor changes.

SUMMARY

In total, revenue has been increased by \$728,510 and expenses have been increased by \$474,581 for a net increase in revenue of \$253,929. This has increased the budgeted surplus from \$54,048 to \$305,478.

CANADIAN DENTAL ASSOCIATION
CASH FLOW STUDY
as at Dec. 1994

	Variance	1994 Actual (Draft)	1994 Budget (Prorated)	1994 Budget (Adjusted)
FEES				
Active	\$64,639	\$3,432,339	\$3,367,700	\$3,367,700
Affiliate	18,975	347,075	328,100	328,100
Supporting	4,675	19,763	15,088	15,088
Student	(3,850)	40,000	43,850	43,850
Retired	850	11,794	10,944	10,944
Corporate	24,212	186,782	162,570	162,570
Licensing Body	(10,231)	300,127	310,358	310,358
Total	\$99,270	\$4,337,879	\$4,238,609	\$4,238,609
NON-DUES INCOME				
Accred. Surveys	\$4,949	\$103,337	\$98,388	\$98,388
C.P.R.	152,188	237,188	85,000	85,000
D.A.T.	68,987	385,737	316,750	316,750
Info. Services	6,549	231,549	225,000	225,000
Library	(33,499)	114,001	147,500	147,500
Conf. & Seminars	27,626	98,626	71,000	71,000
Publications	(104,257)	692,743	797,000	797,000
Property	4,089	112,825	108,736	108,736
Interest	25,388	69,388	44,000	44,000
Other	304,448	345,948	41,500	41,500
Total	\$456,468	\$2,391,342	\$1,934,874	\$1,934,874
TOTAL REVENUE	\$555,739	\$6,729,222	\$6,173,483	\$6,173,483

CANADIAN DENTAL ASSOCIATION
CASH FLOW STUDY
as at Dec. 1994

	Variance	1994 Actual (Draft)	1994 Budget (Prorated)	1994 Budget (Adjusted)
CORPORATE AFFAIRS				
Board of Governors	\$24,129	\$117,728	\$141,857	\$141,857
Executive Council	(21,051)	137,303	116,252	116,252
Management Committee	(42,748)	228,918	186,170	186,170
President's Expenses	16,997	66,197	83,194	83,194
Constitution & By-laws	719	881	1,600	1,600
F.D.I.	(20,732)	49,232	28,500	28,500
Intercorporate Relations	613	34,827	35,440	35,440
Nominations	2,035	16,062	18,097	18,097
New Projects	(216,289)	266,289	50,000	50,000
Total	(\$256,328)	\$917,438	\$661,110	\$661,110
PROFESSIONAL SERVICES				
Accreditation	\$37,812	\$119,113	\$156,925	\$156,925
Consumer Product Recognition	3,741	13,759	17,500	17,500
DAT	31,227	128,173	159,400	159,400
Dental Materials & Devices	(3,259)	13,659	10,400	10,400
Dental Specialties	244	756	1,000	1,000
Education	(2,625)	38,775	36,150	36,150
Ethics	1,934	66	2,000	2,000
Community & Institution	4,615	16,985	21,600	21,600
Total	\$73,690	\$331,285	\$404,975	\$404,975

CANADIAN DENTAL ASSOCIATION
CASH FLOW STUDY
as at Dec. 1994

	Variance	1994 Actual (Draft)	1994 Budget (Prorated)	1994 Budget (Adjusted)
MEMBER SERVICES				
Government Relations	(\$9,775)	\$22,271	\$12,496	\$12,496
Information Services	24,970	354,184	379,154	379,154
Insurance & Investment	12,659	48,341	61,000	61,000
Library	(914)	72,783	71,869	71,869
Membership	(21,676)	191,676	170,000	170,000
Publications	45,102	838,486	883,588	883,588
Student Affairs	971	88,519	89,490	89,490
Taxation	651	10,749	11,400	11,400
Third Party Plans	3,238	26,979	30,217	30,217
Total	\$55,225	\$1,653,989	\$1,709,214	\$1,709,214
ADMINISTRATION				
Staff - Executive Services	\$3,301	\$458,951	\$462,252	\$462,252
Staff - Professional Services	(28,201)	448,429	420,228	420,228
Staff - Member Services	(4,730)	781,050	776,320	776,320
Staff - Administration	(46,305)	539,455	493,150	493,150
Operations	159,275	421,925	581,200	581,200
Property	38,883	550,517	589,400	589,400
Total	\$122,223	\$3,200,327	\$3,322,550	\$3,322,550
TOTAL EXPENSES	(\$5,190)	\$6,103,039	\$6,097,849	\$6,097,849
SURPLUS/(DEFICIT)	\$550,549	\$626,183	\$75,634	\$75,634

Canadian Dental Association

Policy on the

Reimbursement of Telephone and Telecopier (FAX) Expenses

CDA has established a Policy for Reimbursement of Telephone and Telecopier (FAX) expenses incurred by members while conducting Association Business.

The CDA will reimburse members for reasonable telephone charges incurred while conducting Association business. This includes regular long distance and long distance charges related to the use of telecopiers (FAX machines). In addition to the long distance charges, where the use of a telephone line dedicated to CDA business has been approved by CDA, the monthly cost of the line including installation charges and applicable taxes would be reimbursed.

In the case of long distance charges, photocopies of detailed billing highlighting those calls related to CDA will be sufficient for claims.

In the case of dedicated telephone lines, the original bill/invoice should be provided as back up for reimbursement.

The CDA will not reimburse members for equipment charges, but may, where it is in the best interest of the Association, supply members with reasonable and appropriate equipment.

This policy includes those charges incurred while away from home on CDA business.

Approved by
CDA Management Committee/Executive Council
November, 1994

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Mr. Navid Sarooshi, University of Toronto, Chairman
Mr. Cory Sul, University of Manitoba, Student Governor
Dr. Kevin Davis, Toronto, Past Student Governor
Dr. Greg Mitton, Halifax, Past Student Chairman
Mr. Andy Penuvchev, University of Toronto, Student Governor-Elect
Ms. Sylvie Moreau, University of Alberta, Student Chairman-Elect
Ms. Kimberley Wenn, Dalhousie University
Mr. Amir Ajar, McGill University
Mr. Hugh Leung, University of British Columbia
Mr. Patrick Finnigan, University of Alberta
Mr. Keith Chamberlain, Université Laval
Mr. Todd Jarotski, University of Saskatchewan
Mr. Chahin Kordlouie, Université de Montréal
Mr. Bob Groh, University of Western Ontario

Executive Liaison: Dr. David Somer, Hamilton

Senior Staff: Miss Linda Teteruck

Coordinator: Mrs. Beverly Chéné

1. Committee Meetings

The Senior Committee on Student Affairs (CSA) met on October 3-4, 1994 in Vancouver, British Columbia in conjunction with the FDI meeting. The Junior CSA will meet June 3-4, 1995 in Ottawa.

ITEMS REQUIRING BOARD ACTION

2. International Association of Dental Students (IADS)

CSA members discussed at length the benefits of acquiring an association membership in IADS. IADS is an international association which conducts an international exchange program and a World Congress, provides an information Newsletter and represents dental students at the FDI and the WHO. An association membership costs between \$600-700 a year (depending on the exchange rates). If CDA were to join IADS all CDA student members would become eligible for IADS membership benefits. CDA's role would be informational only. CDA would not participate in the actual funding of the exchanges. CSA reps felt that IADS membership can be a beneficial CDA membership service. CSA members would most likely serve as IADS liaison/foreign officers.

RESOLVED:

95. 12 **THAT the Canadian students join the International Association of Dental Students (IADS) via the CSA and the CDA.**

ADOPTED

Membership would be for a one-year period, to be reviewed at that time.

3. **Young Dentist Program**

CSA representatives feel that organized dentistry in general is oriented towards the more mature practitioner. Similarly CSA feels that young dentists are not always attracted to organized dentistry for this reason. There is a need for a greater profile by young dentists within organized dentistry. It was noted that a similar situation was addressed by the ADA a few years ago, whereby the ADA now offers specific programs/lectures for young dentists at their congresses and there is an increase in young dentists representation on committees and councils.

RESOLVED:

95. 13 **THAT a young dentist program be developed by CDA.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. **Four/Five year Membership Package - Update**

The change to a complete membership package for all years of undergraduate studies was implemented last year and with a few exceptions most of the CSA reps were positive about this change in membership. CSA representatives in general felt that this new format will allow them more time to do other promotional activities instead of spending time collecting dues on an annual basis. Student membership in 1993-94 was high -- at 92.5%. 1994-95 membership figures will be reviewed at our next meeting.

5. CDA/ExperDent Practice Management Presentations

CSA reps again previewed the practice management lecture developed by CDA and Imtiaz Manji, president of ExperDent Consultants. Reps were very enthusiastic about the presentations to be made at the faculties. Last year's presentations were very well received at the different faculties and dates have been set for this year. It was noted that work continues to provide these lectures to students in French at the Université de Montréal and Université Laval and the CSA is optimistic that this will occur in 1995.

6. Update on Dental Certification and Licensure

CSA reps again reiterated their disagreement with the need for writing NDEB examinations and concerns over its funding. Students also expressed their appreciation to ACFD for supporting our position with regard to funding the examinations. (ie. ACFD sent a letter to the licensing bodies about financial support to offset the NDEB examination fees). The licensing bodies have committed to assist with the developmental costs of the NDEB exams only. Beyond that, each licensing body is different and establishes fees differently. Although the CSA is grateful that the licensing bodies are providing some support funding, the Committee still feels that the NDEB examinations were essentially a quality assurance measure which the licensing bodies originally requested to benefit the entire profession. As such, we feel that the costs should be borne by a cost-sharing scheme whereby students share the expenses with licensed dentists through a small increase in the annual licensing fees.

7. CSA Position Papers

The Committee has in the past used position papers to effectively draw attention to, or bring forward, our concerns about different issues. Two position papers are currently being developed by the Committee: one on effective marking/grading of students at the faculties; and one on the threat to hospital internship programs. Once completed, both papers will be brought forward to the Board for information and/or action.

8. CDSPI New Insurance Offer

CDSPI has instituted a new grad package with a "Step Support System". After graduation, student CDA members get a free insurance package up to the end of the calendar year. If they reapply, a 50% reduction on the premiums is applied to the next year and a 25% reduction on premiums is applied upon renewal in the third year. This offer provides a substantial savings on insurance for graduating students and is a very attractive membership benefit.

9. Dentistry Canada Fund

Committee members met and held discussions with the DCF manager, CSA members recommended monitoring the allocation of funds to needy students to ensure that the funds go to students in real need. The Committee also recommends that the unrestricted funds currently granted to dental faculties could be used as an emergency fund for students in critical financial need. The Committee hopes that both these recommendations will be taken into consideration by DCF. The Committee has also recommended that dental students take a more active role in raising funds for the DCF.

10. Conclusion

On behalf of the Committee on Student Affairs, I would like to thank the CDA for its continued support of dental students. I would also like to thank Dr. Somer, CDA Executive Liaison, Ms. Linda Teteruck and Ms. Beverly Chéné for their guidance and support of CSA activities.

Respectfully submitted,

Navid Sarooshi
Chairman
Committee on Student Affairs

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Student Affairs.

TAXATION COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Robert N. Hicks, Chairman, Vancouver
Dr. Barry Dolman, Montreal
Dr. Elizabeth MacSween, Ottawa

Executive Liaison: Dr. Toby Gushue, St. John's

Senior Staff: Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Ms. Martyne Giroux

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Proposed Taxation on Dental Plan Premiums

Since the start of the CDA Taxation Committee in 1977, there has always been times when taxation issues have been few and the activities have been minimal. On other occasions, the issues have been few but the impact on our profession has been considerable and our activity increased to a high level. At this point in time, the activity and involvement of the CDA staff, the Board of Governors, the Taxation Committee and the members of our profession have reached an all time high in an effort to reverse the Department of Finance's proposal to tax the employer sponsored portion of the premium of medical/dental health plans.

The Taxation Committee became active in this issue early in January, 1994 when we were advised that the Minister of Finance was proposing that employee sponsored premiums for health insurance plans (including dental plans) would be classified as taxable benefits in the hands of employees. The Committee hastily developed and presented CDA's position on this issue. The Minister of Finance withdrew his tax proposal on dental plans for the 1994 Budget, but he indicated that this same proposal will be "on the table" for the 1995 Budget.

The Taxation Committee has been involved in the following areas:

- Assisting in the development of strategy and implementation of the attack on the Department of Finance proposal on taxing dental plans. The CDA Communication section has done an outstanding job in developing the campaign.
- Participating in formal press conferences.

- Interviews with TV and radio stations.
- Interviews with newspaper reporters.
- Lectures to local dentists.
- This Committee Chair worked with Mark Sarner (Manifest Communications) to develop a formal presentation to the Standing Committee on Finance.
- Presentation to the House of Commons Standing Committee on Finance on November 16, 1994.
- Arrangement for immediate Past-President, Dr. Ray Wenn, to attend January 20, 1995 with the Health Benefits Coalition to meet with the Minister of Finance.
- Meeting with Senior Advisors to the Minister of Finance on January 25, 1995.

The Minister of Finance stated at the January 20, 1995 meeting that he did not want to be the Minister who was responsible for the decline and failure of dental/health plans. However, he is strongly interested in solving the "equity issue" i.e. where many individuals with dental plans who do not have access to tax deductions. The Minister would like to see all Canadians having access to dental/health plans and to all receiving similar tax deductions in computing income.

CDA President, Dr. Bryun Sigfstead, wrote to Mr. Jim Peterson, Chairman of the House of Commons Standing Committee on Finance regarding the Committee's Report "Confronting Canada's Deficit Crisis". Dr. Sigfstead commended the Committee for not recommending the destruction of existing health and dental plans through taxation as a response to the equity question.

APPENDIX I

The CDA has offered to assist the Minister of Finance in his efforts to come forward with a policy and a program that will have the proper impact on tax revenue and the positive support for medical/dental health plans from the private sector. CDA is committed to work in cooperation with the Department of Finance and the health benefits industry, towards a recommendation to assist the Minister to make the proper decision in this matter.

APPENDIX II

Dr. Raymond Wenn wrote to the Honourable Diane Marleau, Minister of Health on February 22, 1995 to thank her for meeting with CDA on February 13, 1995 to discuss concerns regarding the taxation of health and dental plan premiums.

APPENDIX III

After a final blitz of telephone calls to Members of Parliament, we will all wait for the February 1995 Budget to be presented.

2. Registered Retirement Saving Plans

The Department of Finance has also proposed to reduce the annual RRSP contributions to RRSP accounts and/or to tax equity or assets within RRSP accounts.

Mrs. Sandra Davis (Senior Staff Advisor to the Taxation Committee) represented CDA and its Taxation Committee with the "Alliance of Associations" (i.e. CMA, CDA, CBA, etc.) established through the efforts of the CMA.

The Alliance put forth the following recommendations to the House of Commons Standing Committee on Finance:

- That the Federal Government consider the true cost of the retirement savings system before considering any changes to the Income Tax Act.
- That the equity established during pension reform not be disturbed by discriminatory changes.
- That the federal government foster economic development by treating RRSP contributions as assets rather than liabilities and by exploring the regulatory changes necessary to ensure increased access to such funds by small and medium-sized businesses.

The Alliance recommendations parallel those items advanced in the CDA brief on RRSPs in January, 1994.

3. GST and Dentistry

The Taxation Committee has been monitoring discussions as the Federal Government attempts to create a new image for the GST. The Department of Finance is working towards a "harmonized tax system" which will be referred to as the national tax. The "harmonized" phrase refers to combining provincial sales tax and the "GST" and calling it the national tax which is intended to not be visible at the retail level.

Not all of the provinces have supported the "national tax" and therefore implementation of the new tax is not imminent. However, Finance is looking at all sections of the GST, including Health Care, with the intent to alter some sections. Future meetings of the Committee with the Department of Finance should provide more insight into any changes probed for our profession.

Within Revenue Canada - Excise/GST Division, a review is taking place on locum arrangements, Cost Sharing Agreements, Independent Contractors and employees in medical or dental offices. One point of view suggests that GST should apply to Associate/Independent Contractor Agreements. The Taxation Committee has initiated discussions on this issue with Revenue Canada. Nothing is finalized at this time.

4. Independent Contractor Status in Associate Agreements

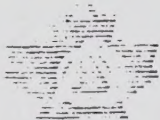
The Taxation Committee provided the 1994 Board of Governors meeting with a report identifying the characteristics of an Independent Contractor status in the eyes of Revenue Canada. The Committee is completing a less technical article on the important factors that need to be in an Independent Contractor Dentist/Primary Dentist relationship. A draft article was provided to Governors at the 1995 Interim Board of Governors Meeting.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Taxation Committee as information.



January 19, 1995

Mr. Jim Peterson
Chairman, House of Commons
Standing Committee on Finance
House of Commons
Room 426N, Centre Block
Ottawa, ON
K1A 0A6

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
PRESIDENT

CABINET
DU
PRÉSIDENT

Dear Mr. Peterson:

The Canadian Dental Association is encouraged by the comments of the Standing Committee on Finance concerning Employer-Provided Medical and Dental Benefits, contained in the Committee's Report **CONFRONTING CANADA'S DEFICIT CRISIS**. The Committee demonstrated its sensitivity to the presentation of both CDA, on behalf of the profession, and the insurance industry, that taxation of these benefits would jeopardize a health care delivery system on which the vast majority of Canadians rely for provision of their oral health needs. The Committee must be commended for not recommending the destruction of existing health and dental plans through taxation as a response to the equity question, but preferring to take a more constructive approach through its comments on this issue.

The CDA mission charges it with the *"provision of optimal oral health for Canadians"*. Thus, we are concerned that the oral health incentives provided through tax-free benefits are not available to all Canadians. However, as the Committee has noted, Canada's current economic concerns preclude, for the time being, government action to extend this incentive. The question of access of self-employed individuals to dental plans must also be addressed. The CDA is committed to pursue this issue in its ongoing discussion with the insurance industry on the shared concerns of both parties, regarding the future of dental plans in Canada.

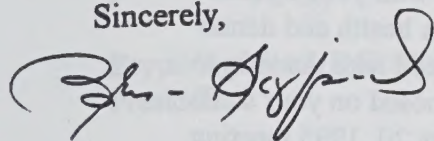
The results of a national opinion survey commissioned by CDA on Public Response to a Federal Tax on Dental Benefits during December are enclosed. Of significance, fifty per cent of dental plan holders surveyed said they would

downgrade or completely opt out of their coverage. Eighty-five per cent of Canadians anticipate this tax would have a negative impact on their dental health. The survey findings more than validate the concerns expressed by many of the witnesses appearing before the Finance Committee on this issue. You will also note from the survey results, Canadians would seriously question the government's commitment to their health should this tax be introduced.

On January 11 CDA launched its advertising campaign and released the results of its national survey. A copy of the news release, and news conference statement are provided for your additional information.

Once again, the CDA appreciated the opportunity to participate in the pre-budget consultation process.

Sincerely,



Bryun Sigfstead, D.D.S.
President

Enclosures

- c: **Members, Standing Committee on Finance**
Ms. Martine Bresson , Clerk of the Standing Committee on Finance
CEO's, Corporate Members



February 1, 1995

The Honourable Paul Martin
Minister of Finance
L'Esplanade Laurier
140 O'Connor Street
21st Floor, East Tower
Ottawa, ON
K1A 0G5

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
PRESIDENT

CABINET
DU
PRÉSIDENT

Dear Minister Martin:

The Canadian Dental Association thanks you for the meeting with your Special Assistant, Ms. Ruth Thorkelson, regarding the proposal to tax health and dental benefits. We were most appreciative that Ms. Thorkelson could take the time to discuss our particular concerns given the time constraints imposed on your staff during the pre-budget period. Her participation in the January 20, 1995 meeting and her knowledge of the issues, were most beneficial.

During the meeting, Ms. Thorkelson confirmed our understanding of the January 20 meeting with CDA and the Health Benefits Coalition, that you accepted that taxation of health and dental benefit plans will result in Canadians cancelling or down-sizing their private health plan coverage, resulting in a significant reduction in the tax revenue estimated by the Department of Finance. Accordingly, this new tax will also lead to less preventive dental treatment and a decline in the oral health status of Canadians.

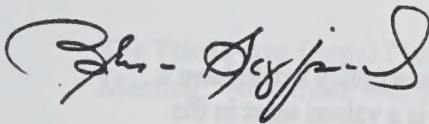
It was comforting to hear that you do not want to jeopardize an integral part of the health care delivery system in Canada, by initiating the decline and failure of privately sponsored health and dental plans. We share your concerns about Canadians who do not have access to these plans and to the associated non-taxable benefits. While these individuals are a significantly smaller portion of the population (less than 5 million) than those Canadians with health and dental plan coverage (estimated at 21 million), the CDA would welcome the opportunity to work with you and your Department to resolve this equity issue. This same support has been offered to the Standing Committee on Finance in its efforts to provide tax equity in this area.

.../2

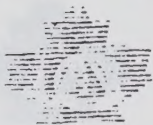
It is most important to obtain relevant data, in order to recommend a program and policy that will have the proper impact on tax revenue, and retain and foster positive support for health funding from the private sector. We are committed to work in cooperation with the Department of Finance and the health benefits industry, towards a recommendation which will assist you in taking an appropriate decision in this matter.

We look forward to the challenge which must be met to safeguard the dental health of the present and future generations of Canadians.

Sincerely yours,



Bryun Sigfstead, D.D.S.
President



APPENDIX III

February 22, 1995

The Honourable Diane Marleau
Minister of Health
Health Canada
Jeanne Mance Building, 21st Floor
Tunney's Pasture
Ottawa, ON
K1A 0K9

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Minister Marleau:

On behalf of the Canadian Dental Association, I wish to thank you sincerely for taking the time to meet with us recently, to discuss our concerns regarding the taxation of health and dental plan premiums.

The support which you voiced for our position, that a change in tax policy would have a serious negative impact on this significant sector of health care, is a valued asset in the campaign to safeguard the future viability of private health and dental plans. As you know, CDA's longstanding position is that the National Forum on Health provides an appropriate strategic forum in which to review this issue, one which has ramifications for the health of Canadians well into the future. We believe that the system of delivering health and dental benefits through private plan coverage, can be examined as an example of how Canadians can provide for their own health needs, with minimal government support, through a policy of tax exemption.

The CDA recognizes the priority of the federal government, and indeed provincial governments, in getting their fiscal houses in order. However, we are firm in our belief that government reviews of health care, pensions, and social programs should set guiding principles of social and economic policy, and the structure and application of tax policy should be set within that framework - and not vice versa.

In recent meetings with the Honourable Paul Martin, the CDA committed to work with government, the health benefits industry, and other health professions in an attempt to address the question of equity for those Canadians who do not enjoy supplementary health coverage with before-tax dollars. We will keep you informed on our progress in this area, as we work toward a goal to remove this issue from the government's taxation agenda for the long term.

Sincerely yours

Raymond Wenn, D.D.S.
Immediate Past-President

c.: The Honourable Paul Martin, Minister of Finance
Mr. Jim Peterson, Chairman, House of Commons Standing Committee on Finance

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Luc Dugal, Chairman, Calgary
Dr. David Anderson, Windsor
Dr. Alf Dean, New Waterford
Dr. David Tobias, Vancouver

Executive Liaison: Dr. Tom Breneman, Brandon

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The Third Party Dental Plans Committee has met twice since the report to the 1994 Annual Meeting: November 4 & 5, 1994 and January 21 & 22, 1995.

ITEMS REQUIRING BOARD ACTION

2. Uniform System of Codes and List of Services

APPENDIX I

The Third Party Committee continues to dialogue with the Provincial Committees and Specialty Committees in order to address future changes required to the USCLS.

As an ongoing revision to the USCLS, the Committee submits changes and/or additions to the USCLS for Board approval and implementation in 1996.

RESOLVED:

95.14 **THAT the new code 13200, Oral Hygiene Instruction/Plaque Control, as outlined in Appendix I, be accepted.**

ADOPTED

RESOLVED:

95.15 **THAT the new code 20140, Pulp Capping Direct Performed in Conjunction with Permanent Restoration, as outlined in Appendix I, be accepted.**

ADOPTED

RESOLVED:

- 95.16 **THAT the change of Definition of Surgical Site, as outlined in Appendix I, be accepted.**

ADOPTED

RESOLVED:

- 95.17 **THAT the new code 93330, Orthodontic Payment for Treatment in Progress, as outlined in Appendix I, be accepted.**

ADOPTED

RESOLVED:

- 95.18 **THAT the revisions to the USCLS, as outlined in Appendix I, be accepted and implemented on January 1, 1996.**

ADOPTED

3. **Recall Frequency Statement**

The Committee was requested to adopt a policy statement with respect to recall frequency. Although recall frequency is patient specific based, the Canadian Dental Association does not have a policy statement related to recall frequency. The Ontario Dental Association adopted a similar statement in 1994.

RESOLVED:

- 95.19 **THAT the following recommendation read "...frequency is patient" rather than "...frequency be patient..." .**

ADOPTED

RESOLVED:

- 95.20 **THAT recall frequency is patient specific, based on the individual needs of the patient. In the best interest of the oral health of the majority of patients in Canada, a minimum of twice yearly recall is indicated.**

ADOPTED

4. Prepaid Dental Plans Policy Manual**APPENDIX II**

In October 1994 the CDA Board of Governors approved the updated version of the CDA Prepaid Dental Plans Policy Manual. In the fall of 1994, the Committee received a legal opinion with respect to the wording of the section dealing with laboratory invoices. Therefore, to be consistent with the legal advice provided, the Committee recommends that the following wording replace the paragraph circled in Appendix II. "It should not be necessary to send originals or copies of commercial laboratory invoices to any prepaid plan administrator or carrier as part of a routine claim submission. However, certain conditions may dictate a request from a third party administrator or carrier to confirm the actual amount of the lab invoice. In such cases it would be reasonable to submit a duplicate copy of the actual invoice."

RESOLVED:

**95.21 THAT the laboratory section of the CDA Dental
Prepaid Policy Manual be revised.**

ADOPTED**5. 1995 National Meeting of Provincial Representatives**

On January 21, 1995, the CDA Third Party Dental Plans Committee facilitated a national meeting of provincial CEO's and third party members, registrars and provincial economic chairs. The meeting was well attended (35 participants) with representation from all 10 provinces and dealt with the issue of fraud and abuse in the morning session and the future of dental plans in the afternoon session.

Those members attending had the opportunity to meet with a Committee representing national employers who gave a presentation on the rising costs of dental benefits. The message delivered by this group indicated that employers no longer could afford to maintain the current standards of dental plan design and coverage. The employers indicated a strong desire to develop a relationship with organized dentistry on a national level to discuss issues to ensure the future of dental benefits for their employees. They requested assistance from the national organization and all present identified this offer as an opportunity that should be pursued by organized dentistry.

It was also identified that there are no current CDA policies or guidelines on dental plan design and that this issue should be addressed before proceeding with future discussions with national employers. It was also identified that an Ad-Hoc Committee should be formed to assist in the development of CDA policy and to further discuss these issues with national employers.

THIRD PARTY DENTAL PLANS COMMITTEE

- 4 -

RESOLVED:

95.22 THAT the CDA expediently establish an Ad Hoc Committee to develop draft guidelines on viable plan design; and

THAT a budget of \$10,000 be approved; and

THAT the Ad Hoc Committee results, upon Board approval, form the basis for future discussions with national employers.

The Board ratified Executive Council's decision to approve the establishment of an ad hoc committee and a budget of \$10,000.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. Purchaser Information Program

The direction of the Purchaser Information Program (PIP) is involved with the dissemination of information through orders received from across Canada for the Direct Reimbursement Kit and telephone requests for information. Requests for information continue to be handled by the CDA PIP office.

7. Closing Comments by Chairman

I would like to thank the Committee members and CDA staff, Susan Matheson and Pat Drake for their continued assistance and support.

Respectfully submitted,

Luc Dugal, D.M.D.

Chairman, Third Party Dental Plans Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Third Party Dental Plans Committee.

USCLS ADDITIONS AND/OR CHANGES FOR IMPLEMENTATION JANUARY 1, 1996

NEW CODE 13200 Oral Hygiene Instruction/Plaque Control

Request For Half Units Of Time For The Following:

13210 Individual Instruction (one instructor to one patient) - excluding audio-visual time

13217 One half unit of time

13220 Group Instruction - excluding audio-visual time

13227 One half unit of time

13230 Re-Instruction (within 6 months) - excluding audio-visual time

13237 One half unit of time

13240 Oral Hygiene Instruction - Audio Visual

13247 One half unit of time

Requested by the ODA

NEW CODE 20140 Pulp Capping Direct Performed in Conjunction with Permanent Restoration

20141 First Tooth

20149 Each Additional Tooth, Same Quadrant

Requested by the CDSBC

CHANGE Definition Of Surgical Site

Surgical Site - A surgical site is an area that lends itself to one or more procedures. It is considered to include a full quadrant, sextant, or a group of teeth or in some cases a single tooth, which can be practically and conveniently combined for a single surgical sitting.

Requested by the Committee

NEW CODE 93330 Orthodontic Payment For Treatment In Progress

93331 Payment/Instalment for Treatment in progress

Requested by the Committee

DATE OF SERVICE DAY MO. YR.			PRO- CEDURE CODE	INTL TOOTH CODE	TOOTH SUR- FACES	DENTIST'S FEE	LABORATORY CHARGE	TOTAL CHARGES
(H)								
THIS IS AN ACCURATE STATEMENT OF SERVICES PER- FORMED AND THE TOTAL FEE DUE AND PAYABLE. E & OE. TOTAL FEE SUBMITTED								

FOR CARRIER USE			
ALLOWED AMOUNT	INC	%	PATIENT'S SHARE
CHEQUE NO.	DATE		
DEDUCTIBLE	PATIENT PAYS	PLAN PAYS	
CLAIM NO.			

INTERNATIONAL TOOTH CODE

A separate line must be used for each tooth treated.

Permanent Dentition

FIRST NUMBER ON PATIENT'S UPPER RIGHT SIDE "1"	FIRST NUMBER ON PATIENT'S UPPER LEFT SIDE "2"
18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38
FIRST NUMBER ON PATIENT'S LOWER RIGHT SIDE "4"	FIRST NUMBER ON PATIENT'S LOWER LEFT SIDE "3"

Primary Dentition

FIRST NUMBER ON PATIENT'S UPPER RIGHT SIDE "5"	FIRST NUMBER ON PATIENT'S UPPER LEFT SIDE "5"
55 54 53 52 51	61 62 63 64 65
85 84 83 82 81	71 72 73 74 75
FIRST NUMBER ON PATIENT'S LOWER RIGHT SIDE "8"	FIRST NUMBER ON PATIENT'S LOWER LEFT SIDE "7"

The designation for supernumerary teeth is "99" and requires comment as to location under the additional information section for dentist's use only.

Tooth Surfaces Column — When indicating surfaces repaired in restorations, use only the following specific letters, as printed in bold capitals.

- I Incisal
- O Occlusal
- M Mesial
- D Distal
- V Vestibular (replaces B for Buccal and L for Labial)
- L Lingual

The additional comments section of the claim form may also be used to further clarify which cusps are being replaced.

Tooth Surfaces Column — This column will also be utilized to designate UNITS OF TIME.

Units of Time

Provide the number of units of time taken to perform a service **ONLY** when the fee guide lists the service with a "per unit of time" following. This information should

be placed in the tooth surfaces column or in the additional comments section of the claim form.

DO NOT PROVIDE UNITS OF TIME FOR ANY OTHER PROCEDURES.

Remember that a unit of time is defined as a 15-minute interval. Any fraction of a time unit should be designated as such.

Dentist's Fee

Use the "Dentist's Fee" column only when **both** a professional fee and a commercial laboratory charge are involved in a service or procedure.

Laboratory Charge

You **MUST** separate the commercial laboratory charge from the dentist's professional fee. They must be entered in their respective columns.

When several commercial laboratory charges occur for one service, as in a denture, the laboratory charges are to be consolidated into one total laboratory charge.

Use the laboratory charge column where a commercial laboratory charge, and therefore a separate professional fee, is involved. Do not place in-office laboratory charges in this column.

Only commercial laboratory charges substantiated by a proper invoice from your dental laboratory should be charged under "Laboratory Charges".

Never round off a commercial laboratory charge to the nearest dollar. **Always** charge your patient the laboratory charge to the penny, and mark the claim form accordingly.

Extra Expenses — Use the laboratory charge column where an extra expense is incurred for those procedures which have "plus E" in the provincial fee guide.

In-office Laboratory Services

In-office laboratory services are indicated under "Dentist's Fee" on the line immediately following the service to which it applies. Procedure code 99333 is used.

APPENDIX II

PROPOSED

It should not be necessary to send originals or copies of commercial laboratory invoices to any prepaid plan administrator or carrier as part of a routine claim submission. However, certain conditions may dictate a request from a third party administrator or carrier to confirm the actual amount of the lab invoice. In such cases it would be reasonable to submit a duplicate copy of the actual invoice.

AD HOC COMMITTEE ON GUIDELINES FOR DENTAL PLAN DESIGN

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Luc Dugal, Calgary - Chairman
Mr. Lyle Best, Edmonton
Dr. Alf Dean, New Waterford
Dr. Mike Hagen, Port Dover
Dr. René Lord, Cap-de-la-Madeleine
Dr. Don MacFarlane, Vancouver
Dr. Maurice Simoneau, Quebec

Executive Liaison: Dr. Tom Breneman, Brandon

Coordinator: Susan Matheson, Associate Director, Professional Services

The Executive Council of the CDA directed that an Ad Hoc Committee be established to develop guidelines for dental plan design. This decision resulted from a recommendation by the CDA Third Party Committee based on issues discussed at the national conference with representatives from provincial corporate bodies held in Ottawa in January 1995. The national conference identified the need to address the concerns of employer groups with respect to the rising costs associated with sponsoring dental plans. Members of the Ad Hoc Committee were chosen based on their expertise in the area of dental benefits and third party relations and included Dr. Luc Dugal from Alberta, Dr. Alf Dean from Nova Scotia, Dr. Don MacFarlane from B.C., Dr. Mike Hagen from Ontario, Dr. Rene Lord and Dr. Maurice Simoneau, from Quebec, Mr. Lyle Best from Alberta Dental Services Plans. Dr. Tom Breneman acted as CDA Executive Liaison. The Ad Hoc Committee met on March 24 & 25, 1995 in Ottawa, with the exception of Dr. Dean who was unable to attend.

The Committee discussed a number of concerns and issues with respect to factors related to plan design which affect costs to the plan purchaser and possible ways to reduce or at least control those costs. A point by point review of the topics discussed during the meeting is included in Appendix I.

APPENDIX I

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Synopsis of Discussions

The Committee agreed that part of the CDA mission statement which reads "promotion and provision of optimal oral health for Canadians" would be the focal point of the Committee's

discussions and recommendations at this meeting. The Committee recognizes that traditional attitudes towards dental benefits no longer apply in the 1990's and as a result dental plan designs based on the concepts of spending money to provide dental benefits without involving the patient are ineffective. The Committee believes that patients must once again become knowledgeable dental consumers and must be empowered to make decisions with respect to their dental needs. In that respect the current industry standard of plan design does not encourage patients to become active participants in exploring all the options available to them in choosing dental treatment.

The Committee recognizes the dilemma facing employers who want to control their costs while still providing their employees with the high standard of dental care to which Canadians have become accustomed. Employers have asked the dental profession to help them develop benchmarks of standards of care which they could incorporate into their dental plans as a means of overcoming this dilemma. It is the opinion of this Committee that this request serves to demonstrate the lack of understanding the employers have towards dental care. We, the Committee, feel that there is no such product as the ideal dental plan. Since it is the dentist's responsibility to diagnose and treatment plan based solely on the patient's needs, dentists must never let the terms of a dental contract influence their recommendations of treatment options to their patients. Dental plan designs are strictly a means to effect cost-containment and should not be interpreted to reflect standards of care or treatment. Dental benefits should be a budgeting exercise to assist patients in achieving and maintaining good oral health.

The Committee is of the opinion that incorporating benchmarks of care into dental plans would prove damaging to patients by influencing dentists to provide treatment based on coverage and at the same time give patients a false sense of security. The Committee has already stated that patients are entitled to treatment based on their individual needs.

The Committee also believes that in the majority of dental plans currently on the market, a significant proportion of dollars allocated to the funding of dental benefits is spent on the business of maintaining the plan rather than on actual reimbursement for dental treatment. In combination with ineffective plan design, the current system makes inefficient use of the dental benefit dollars. The Committee feels that CDA in cooperation with the provincial corporate bodies should develop strategies to mount a public relations campaign to educate and inform the Canadian consumer about dental benefits and the implications of changes currently being proposed to these benefits by outside agencies. Time is of the essence.

The Committee briefly discussed the matter of Flex Benefits as this concept appears to be the latest solution being offered to employers by benefit consultants to control their costs. Due to the limited amount of time available to the Committee and the apparent confusion among even the promoters as to the exact structure of this product or how it will be treated by Revenue Canada, the Committee has little information to offer in this report other than the recommendation which appears in the appendix.

2. Action Plan/Options

The Committee recommended:

THAT CDA should promote the concept of cost-based plans. Cost-based refers to plans which depend on co-payments and affordable plan maximums, ongoing utilization reviews and reporting to plan sponsors as cost-containment features rather than placing restrictions on benefits as is usually the case with the majority of the other plans on the market, i.e., benefit-based plans. (examples of cost-based plans are Direct Reimbursement, Administrative Services Only (ASO), self-funded employee plans.)

THAT CDA should continue to campaign for improvements to current benefit-based plans. These plans encourage the utilization of restrictions or are structured to influence treatment (as identified in the appended report there appears to be minimal room to reduce costs in these types of plans.)

THAT CDA should promote the concept that the term dental insurance is a misnomer. Dentists and dental consumers need to be educated that dental pre-payment is a more accurate description of the actual process.

THAT CDA should promote the concept that benchmarks utilized as cost-containment within dental plans are strictly for accounting purposes and should not be utilized to represent standards of care. That message should be emphasized to both plan sponsors and subscribers.

THAT the Ad Hoc Committee should meet with the Employer Committee on Health Care in Ontario (ECHCO) and any other interested employers or consumer groups to discuss the issues of plan design and cost containment.

THAT CDA should encourage Provincial Corporate Bodies to dialogue with dental consumers in their own provinces and that such discussions should follow the direction established by CDA.

THAT CDA and its members continue to promote Freedom of Choice in the dental benefits marketplace so that no restrictions related to dental treatment are placed on patients or dentists based on contractual obligations to third parties, i.e., managed care.

Respectfully submitted,

Luc Dugal, D.M.D.
Chairman, Ad Hoc Committee on
Guidelines for Dental Plan Design

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Ad Hoc Committee on Guidelines for Dental Plan Design as information. The Board referred the report to Executive Council for further review.

REPORT OF THE AD HOC COMMITTEE ON GUIDELINES FOR DENTAL PLAN DESIGN

MISSION STATEMENT

"The promotion and provision of optimal oral health for Canadians."

- preserve this aspect in recognizing plan design.
- facilitate access to optimal oral health through structured budgeting process i.e. dental benefits.

The dentist's primary responsibility is to provide a diagnosis and treatment plan to meet the oral health care needs of the patient in a fashion independent from, and without regard to third party coverage.

The dentist also has a responsibility, where third party coverage is available, to cooperate with patients by providing, without extra charge, all reasonable treatment information required by the carrier in order to adjudicate claims.

FREEDOM OF CHOICE

- there should be no restrictions placed on patients or dentists based on contractual obligations related to any 3rd party.

COST CONTAINMENT FACTORS

I PLAN DESIGN

- there is no ideal dental plan
- priority is needs of patient
- dental benefits plan should be a budgeting account to assist patients in achieving dental care.
- dentist's role should be to present treatment options to meet not only patient needs but also what the patient can afford.
- realities of dental marketplace dictate that dentists offer alternate payment options to their patient for dental costs not covered by their plans. i.e. monthly payment schedule, bank financing etc.

BENCHMARKS

- *restrictions and conditions in any dental benefit plan are strictly cost-containment factors and do not and should not be interpreted to reflect standards of care.*
- *dental profession will communicate this message to plan holders through dental office.*
- *needs and treatment are patient specific and any attempt to categorize benefits to reflect the average Canadian dental patient would jeopardize the patients' freedom of choice to access dental care that meets their individual needs.*

Frequency

- *fits the definition of a benchmark and other than recalls there are no official CDA policies on frequency of dental treatment.*
- *frequency of treatment is based on patient needs to maintain adequate level of oral health and is to be decided between patient and dentist.*

a) CO-PAYMENT

- effective cost-containment factor.
- it is considered fraudulent not to collect co-payment unless indicated on claim form.
- difficult to control abuse in this area.
- it is recommended that all aspects of plan coverage include a co-payment (including preventive services) strictly as a means of cost containment; most employees would prefer that co-payments not exist.

b) ACTUARIAL COST CONTROL

- levels of coverage,
 - Basic (preventive & minor restorations)
 - Major Restorative
 - Orthodontics
- New technology
 - implants
- Cosmetic dentistry
 - bleaching

Provider Restrictions

(e.g. perio restrictions-perio services restricted to specialists.)

1. Arbitrary re-classification based on actuarial results could have adverse effects on patients oral health.
 - i.e. Perio services added as a separate rider to the policy
 - Root canals re-classified from basic to major coverage.

2. Profession is opposed to arbitrary restriction of covered services to specialists only.
 - all dental practitioners are licensed to perform the full scope of dental practice.
3. Coverage based on fees other than current Fee Guide is misleading and is a disguised attempt to increase subscriber co-payment.
 - leads to a multiplicity of payment levels to control administrative costs.
 - definition of codes by 3rd parties rather than the descriptors of provincial fee guide.

c) ASSIGNMENT OF BENEFITS

The CDA and the provincial/corporate bodies should continue to advise their members not to accept assignment.

- assignment of benefits may always be a condition of certain contracts.
- can reduce negative aspects by:
 - 1) educating employees on cost of treatment and treatment options.
 - 2) encourage employees to review dental claim form before leaving dental office, (including electronic data processing).
 - 3) encourage employees to become informed consumers and ask to have treatment as contained on claim form explained to them.
- dental office should also provide explanation of dental information contained on claim form to patients.
- The profession recognizes the existence of certain conditions within dental plans i.e. pre-existing conditions, and will cooperate in identifying these situations to 3rd parties.

d) MAXIMUMS

- most current plan maximums are unrealistic by today's economic realities. They may be too high.
- plan sponsors can purchase stop/loss insurance to cover cost over runs.
- dental profession recognizes that lowering overall annual plan maximums can effect cost savings for the plan sponsor.

e) ABC (ALTERNATE BENEFIT CLAUSE)

- generates administrative services.
- no data to support cost effectiveness.
- not the same as alternate allowance benefit.

f) DEDUCTIBLE

- reduces utilization but discourages access to the dental office; this makes it difficult to achieve optimal oral health for Canadians.

g) PREDETERMINATION

- it is a service provided for the benefit of the patient to indicate coverage available and not to shop the dental plan.
- it is also for the benefit of the plan administrator to determine coverage based on dental contract.
- the profession would like to see predeterminations and other conditions eliminated.

h) YEAR END

- calendar(Jan-Dec, to easy to maximize benefits before the year end.)
- plan year (any year end other than calendar year, this is more difficult to maximize benefits.)

II UTILIZATION (types and number of services provided)

Reporting: the employer is entitled to full disclosure of expenditures related to their dental benefits directly from the administrator. (should include disbursements commissions, consulting fees, and administration fees, unrelated to actual dental fees.)

- coverage should not be the determining factor in choosing dental treatment options.
- profession is concerned with implications of certain aspects of plan design on general oral health care.
- priority of dental benefits should be to provide access to the dental office to allow determination of dental needs.
- dental education starts with informing patients that dental coverage has no relation to patient needs.
- need to adjust attitudes of dentists and patients to treat based on patient needs rather than plan coverage.
- 80% of costs are associated with preventive services and minor restorations.
- The dental profession is encouraged by the fact that dental health of Canadians has improved along with utilization of dental services. This parallels general health trends of Canadians. This may not be in keeping with the aims of corporate Canada as it related to their bottom line.

III FEES

The CDA has no mandate or jurisdiction in the area of dental fees, however certain observations have been brought to the profession's attention by the dental consumer.

- fees for periodontal treatment appear high.
- hygiene related procedures are a major contributor to plan costs.
- time related procedures are easily abused.
- fee increases have followed economic trends in general marketplace.
- 3rd parties circumvent fee guides by building restrictions in their plans
- dentistry has been a leader among health providers in controlling fees charged for their services
- dental marketplace may dictate alternate ways to establish fees other than current Fee Guide standards
- plan costs increase at a greater rate than fee increases
- no incentive for 3rd parties i.e. insurance industry to reduce plan costs; both benefit consultants and insurance industry are paid a percentage of gross business.
- alternative to current plan administration would be to charge per claim adjudicated rather than dollar volume.

IV EMPLOYEE INPUT/PATIENT EDUCATION

- make employees better dental consumers.
- dental profession should contribute their expertise in developing pamphlets for patients use.
 - e.g. explain treatment options
 - translate treatment in laymen terms
 - better understanding of costs related to treatment.
- that the CDA encourage employers to inform their employees that complicity in dental fraud or abuse is illegal and this information should be included in employer benefit booklet.

V SELF REGULATION

- profiling of dentists.
- utilization reviews.
- make better use of the services of dental consultants.
- develop system to deal with third party complaints on same level as those initiate by patients.
- patient verification system (association driven).
- fireside chats i.e. Manitoba

VI FRAUD AND ABUSE

- recommend that the Canadian Dental Association communicate to the dental profession that it has to become more active today in dealing with abuse related to dental claims. CDA needs to dialogue with Provincial Licensing Bodies to review solutions.
- that the Canadian Dental Association seek better co-operation from 3rd party administrators to deal with the issue of fraud and abuse.

DIRECT PAYMENT

- guarantees payment to dentist for services covered.
- lessens financial burden on patient, only responsible for amount not covered.
- available through Dentaide, Quikcard and CDAnet on line adjudication.

FLEX BENEFITS

- develop pamphlet on Flex Benefits (should include worksheet for patient to allow them to budget for dental care).
- pamphlet should include brief discussion of options available through flex plan i.e. PPO's - managed care.

PLANNING AND ISSUES COORDINATING COMMITTEE

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. James Brookfield, Kirkland Lake - Chairman
Dr. John Diggins, Vancouver
Dr. Toby Gushue, St. John's
Dr. David Somer, Hamilton

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Corporate Affairs
Mr. Joel Neal, Director of Administration
Mr. Brian Henderson, Director of Professional Services
Ms. Linda Teteruck, Director of Communications

Coordinator: Mrs. Suzanne Burton

1. Committee Meetings

The Planning and Issues Coordinating Committee held its inaugural meeting on January 12, 1995. The committee considered issues referred from the Executive Council Planning Session, as well as items suggested by the Sub-Committee on Structure and Relationships and those outstanding from the recommendations of the Working Group on Membership Concerns.

ITEMS REQUIRING BOARD ACTION

2. Evolution and Future of Third Party Dental Plans

Economic concerns of the insurance industry and employers are placing increasing pressure on third dental party plans. The potential taxation of employer-paid dental premiums has enhanced the concern regarding vulnerability of dental plans as they exist today.

The ongoing campaign and strategies to block the taxation threat were examined. All possible outcomes of the 1995 Federal budget must be addressed through strategic action plans which must have the support and commitment of all stakeholders.

A mechanism is required to examine the broader question of the future of third party plans, and to develop consensus on the position of organized dentistry. Change to third party plans will impact significantly on the environment in which our members practice. Organized dentistry must be prepared to lead and assist the profession in transition.

A national conference could address the need of support commitment and consensus as outlined above.

Planning for the conference must go forward immediately and a working group comprised of the Chairmen of PICC and the Third Party Committee, Drs. James Brookfield and Luc Dugal and Mr. Brian Henderson, Director of Professional Services, has been established. The conference will be scheduled as soon as practically possible. The 1995 Interim Meeting of the Board of Governors has been suggested as a potential time frame.

RESOLVED:

95.23 THAT the following recommendation be tabled.

**"THAT CDA convene a national Conference on
the Future of Third Party Dental Plans."**

DEFEATED

RESOLVED:

**95.24 THAT CDA convene a national Conference on
the Future of Third Party Dental Plans.**

**The Board approved the need for such a
conference, following review of the report from
the Third Party Committee and the Ad Hoc
Committee.**

ADOPTED

To assist the profession in determining the potential rate of plan erosion, an analysis of the major existing plans, and their associated contracts and agreements would be beneficial.

RESOLVED:

- 95.25** **THAT the following words be added to the following recommendation "...erosion and/or growth".**

ADOPTED

RESOLVED:

- 95.26** **THAT the Third Party Dental Plans Committee consider the feasibility of conducting an analysis of existing plans, to assist in the projection of potential plan erosion and/or growth.**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Communications-Role of CDA Governors

The Working Group on Membership Concerns recommended an enhanced role for CDA Governors to assist in increasing CDA profile, and improving its relationship to individual members. Lobby activities with federal and provincial government representatives and with the membership, associated with the taxation of employer-paid dental plan premiums presents an opportunity for Governors to meet the objectives identified by the Ad Hoc Committee. The proposed conference on the Future of Third Party Plans will provide a mechanism to gauge support of corporate members and governors for this proposal. Further information/presentation may be presented to Governors at the Interim Meeting if appropriate. This initiative could serve to pilot the concept of Governors as spokespeople.

The current policy on CDA representation at provincial meetings was reviewed and found to be sufficient, as it allows Governors to play a role on a selective basis. The Committee believes that if CDA representation at local society meetings is to be increased, that the Executive Council member from the respective region is the best resource for this purpose.

4. Dental Amalgam

Recent media attention on the subject of dental amalgam has increased the public and professional focus on this issue. Health Canada, Health Protection Branch, is responsible for the review of dental materials. The Bureau of Medical Devices, Health Canada has begun a review of data and information related to the safety and efficacy of mercury-containing dental amalgam. Mr. Mark Richardson, researcher for Health Canada, will attend the next meeting of the Committee on Dental Materials and Devices to report on findings to date and to receive input from the Committee.

The latest message to the profession on this issue placed increased emphasis on informed consent. Information from Health Canada research may call for further cautionary statements. Following Health Canada's input, the Committee will review CDA's statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations in consultation with the Ethics Committee. A cross-reference to CDA's current information package to members on informed consent, including any additional cautionary statements required, would allow a degree of flexibility which may be required as this issue evolves.

The Committee on Dental Materials and Device will continue its close contact with the department on this issue, and with its role of monitoring all current and emerging literature.

CDA will encourage Health Canada to continue its research in this area.

5. Communications Strategy

The process to review CDA's communications strategy is ongoing. The framework will be presented to the Committee at its next meeting. Associated actions will be referred to the Communications and Membership Committee.

6. Member Services and Merchandising

Over the past several years CDA member services and associated merchandising have escalated. One of the main goals associated with this activity is to increase CDA visibility to the individual member. Also CDA non-dues revenue has increased as a result. Offsetting these positive outcomes are two factors. Firstly, these activities in some instances put CDA in competition with its corporate members. Secondly, the cost differential for these services between members and non-members can be a source of irritation.

To assist the Communications and Membership Committee in its review of current and emerging activities and products, the Committee has suggested the development of a discussion paper and guidelines to allow assessment under the following criteria: visibility, profitability and competitiveness.

7. RRSP

The Committee reaffirmed CDA membership in the Alliance for the Preservation of Retirement Savings as the most effective mechanism to address the current threat posed by the 1995 federal budget and to provide input to the Government's Discussion Paper on Aging. The Alliance is optimistic that no changes will be made to the tax treatment of RRSPs in the upcoming federal budget.

8. GST

As outlined in the Executive Council Report, the CDA Taxation Committee is maintaining a watching brief on the issue of a tax to replace the GST. There is indication that Revenue Canada is reviewing its interpretation and administrative policy on associate agreements as outlined in the CDA publication, GST and Dentistry. The Taxation Chairman will follow up with contacts within the department to ensure CDA has input to this process.

9. National Forum on Health

CDA will continue to monitor activities of the Forum and provide input to the process as appropriate.

10. Monitoring - Public Issues

The Committee will continue to monitor the following public issues, which are housed in various CDA committees:

- Infection Control
- Fluoride
- Anti-microbial agents

Hazardous Waste
Ethics
Professional Fee Levels
Dental Human Resource Study
Issues under the Umbrella of Government Relations

The Board of Governors requested that the Committee add "Denturist" to the list of issues to monitor.

Respectfully submitted,

James Brookfield, D.D.S.
Chairman,
Planning & Issues Coordinating Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Planning and Issues Coordinating Committee.

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Mac Balfour, Chairman - Oakville
Dr. John Silver, Vancouver
Dr. Lynn Stone, Edmonton
Dr. Gerald Turner, Glace Bay
Dr. George Peacock, Consultant, Saskatoon

Executive Liaison: Dr. Tom Breneman, Brandon

Senior Staff: Mrs. Sandra Davis, Manager - Corporate Affairs

Coordinator: Ms. Martyne S. Giroux

1. Council Meetings

One meeting of Council has taken place since the 1994 Annual Meeting of the Board of Governors. This meeting, utilizing a conference call, was held on December 7, 1994.

ITEMS REQUIRING BOARD ACTION

The items requiring consideration of the Board included those referred from the decisions taken during the 1994 Annual Meeting.

2. Article XVI - Councils, Commissions, Committees Section 5 - Terms of Reference (a) Commission on Dental Accreditation of Canada

Resolution of the 1994 Annual Meeting:

94.98 "THAT the revised Terms of Reference for the Commission on Dental Accreditation of Canada be approved as appended."

RESOLVED:

95.27 **THAT Article XVI - Councils, Commissions, Committees, Terms of Reference (a) Section 5 Commission on Dental Accreditation of Canada be approved as amended.**

ADOPTED

APPENDIX I

3. **Article IX - Executive Council, Section 11 - Quorum**

It was brought to Council's attention that under the present structure, the number of members of Executive Council varies during the year. This variation relates to the term of the immediate past president, which continues until the termination of the second meeting of the Executive Council following the Annual Meeting. Executive Council constitutes nine members during the majority of a business year and 10 members when the Past-President is still a member of Council.

Council recommends that a clarification be made to Article IX - Executive Council, Section 11 - Quorum to clarify that a quorum is a majority of Council members. This is consistent with Article XVI - Section 3 - General Rules, item (c).

APPENDIX II

RESOLVED:

**95.28 THAT Article IX - Executive Council, Section 11 -
Quorum be approved as amended.**

DEFEATED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. **Article VIII - Board of Governors, Section 10 - Submitted Resolutions**

At the 1994 Annual Meeting of the CDA Board of Governors, an attempt was made to introduce a resolution from the floor to facilitate solution to various aspects of the Human Resources Study. A review of the CDA By-Laws and the Sturgis Standard Code of Parliamentary Procedures determined that no resolution could be accepted by the Chair as By-Laws precluded this action. Submitted resolutions must be received in writing at least 30 days prior to meetings of the Board of Governors.

As requested by Executive Council, your Council reviewed the pros and cons of a possible amendment to current rules. Council recommends that some flexibility should be given in this area for a progressive organization. However, this must be balanced with the necessity for orderly management of Board business. The appended draft proposed amendment reflects Council's discussion to date, and serves as notice for the 1995 Annual Meeting

APPENDIX III

The Board of Governors referred the appended draft proposed amendment back to Council for further review and clarification, prior to presentation at the 1995 Annual Meeting.

5. **Dissolution Clause in CDA By-Laws**

Council reviewed an opinion obtained from CDA auditors, McCay Duff regarding the advisability of adding a dissolution clause in the CDA By-Laws.

It was McCay Duff's opinion that CDA should incorporate a dissolution clause into its By-Laws. In order to maintain non-profit status, no part of an organization's assets may be paid or made available for the personal benefit of its members. A dissolution clause disclosing the beneficiary of CDA assets and accumulated income in the event of a "wind-up, amalgamation or dissolution" would assist in keeping CDA's non-profit status clear in terms of Revenue Canada requirements. This beneficiary is normally a non-profit organization with similar objects.

APPENDIX IV

Council sought further direction from Executive Council regarding the agreement to proceed in this manner and on designation of a beneficiary.

The Board of Governors directed that Council on Constitution & By-Laws review options for a general statement, and present by-law amendments for approval.

Council will consider the Board's direction at its next meeting. Any required amendment will be presented at the 1995 Annual Meeting.

6. **Proposed Changes to the Constitution and By-Laws of the Canadian Society of Public Health Dentists (CSPHD)**

Council reviewed correspondence received from Dr. Peter Cooney, President of the CSPHD in which he informed CDA that the CSPHD adopted a motion at their Annual General Business Meeting to change the name of the Society to the "Canadian Society of Public Health Dentistry". In addition, an amendment was approved to allow the Society to accept health professionals, other than dentists, as full members. In Council's opinion, there is no conflict between these amendments and the Constitution and By-Laws of the CDA.

This proposal will be discussed and voted upon at the CSPHD Annual General Meeting in Ottawa this August. If this change is accepted by the CSPHD members at their Annual General Meeting, the Council on Constitution and By-Laws will present recommendations to amend CDA By-Laws for the Board's consideration.

Council will forward Dr. Cooney a copy of Article XVII - Sections, of the CDA By-Laws to bring to CSPHD's attention the requirement for CDA membership for those members of specialty organizations that serve as representatives to CDA.

7. 1994 Amendments

CDA received approval of all 1994 by-law amendments from the Ministry of Industry Canada on November 14, 1994.

APPENDIX V

- 8. Council would like to express thanks to Ms. Martyne Giroux and Mrs. Sandra Davis for their ongoing assistance.**

Respectfully submitted,

Mac Balfour, D.D.S., Chairman
Council on Constitution and By-Laws

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Constitution and By-Laws.

CURRENT**Article XVI****COUNCILS, COMMISSIONS, COMMITTEES****Section 5 - Terms of Reference of Commissions****(a) Commission on Dental Accreditation of Canada**

The Commission on Dental Accreditation of Canada shall consist of fifteen members. In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the CDA in consultation with the Presidents of the Dental Specialty Sections.
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall be elected from among the members of the commission in the following fashion: Any two members of commission may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations and Awards. The Canadian Dental Association Committee on Nominations and Awards will employ a secret ballot of the Commission on Dental Accreditation of Canada if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

CURRENT cont'd

The term of office for the Chairman of the Commission on Dental Accreditation of Canada shall be two (2) years, renewable once by election. Election to commission shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education and the Chairman of the Council on Education shall sit as an observer to the Commission on Dental Accreditation of Canada.

The Chairman of the Commission shall act as a Representative of the Commission to the National Dental Examining Board of Canada.

A representative of the American Dental Association's Commission on Dental Accreditation shall sit as an observer to the Commission.

The Commission on Dental Accreditation of Canada shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this commission shall be subject to the approval of the Commission on Dental Accreditation of Canada and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Commission on Dental Accreditation of Canada.

It shall be the duty of the Commission on Dental Accreditation of Canada:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, allied dental personnel, dental residencies/internships and associated institutional dental services.
- ii) To ensure that the accreditation process promotes the preparation of competent dentists and allied dental personnel by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;

CURRENT cont'd

- c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing allied dental personnel, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for allied dental personnel.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Commission on Dental Accreditation of Canada shall have the power to appoint committees and sub-committees as it shall deem expedient.

PROPOSED**Article XVI****COUNCILS, COMMISSIONS, COMMITTEES****Section 5 - Terms of Reference of Commissions****(a) Commission on Dental Accreditation of Canada**

The Commission on Dental Accreditation of Canada shall consist of fifteen members. In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the CDA in consultation with the Presidents of the Dental Specialty Sections.
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall be elected from among the members of the commission in the following fashion: Any two members of commission may propose and second a nomination to be received directly by the Canadian Dental Association Committee on Nominations and Awards. The Canadian Dental Association Committee on Nominations and Awards will employ a secret ballot of the Commission on Dental Accreditation of Canada if more than one nomination is received. If the ballot does or does not result in a tie, the President of the Canadian Dental Association shall on the recommendation of Executive Council make the nomination and ratify the appointment.

PROPOSED cont'd

The term of office for the Chairman of the Commission on Dental Accreditation of Canada shall be two (2) years, renewable once by election. Election to commission shall be for a term of three years, staggered, once renewable. No person shall hold more than one position on the Commission on Dental Accreditation of Canada.

The Chairman of the Commission on Dental Accreditation of Canada shall sit as an observer to the Council on Education and the Chairman of the Council on Education shall sit as an observer to the Commission on Dental Accreditation of Canada.

The Chairman of the Commission shall act as **one** Representative of the Commission to the National Dental Examining Board of Canada. **The second representative to the National Dental Examining Board of Canada shall be appointed annually by the Commission.**

The Registrar of the National Dental Examining Board of Canada and a representative of the American Dental Association's Commission on Dental Accreditation shall sit as an observer to the Commission.

The Commission on Dental Accreditation of Canada shall be empowered to make decisions on accreditation standards, policies and processes and may appoint consultants or advisors. It may make recommendations on resources required to support its initiatives. Budgets supporting this commission shall be subject to the approval of the Commission on Dental Accreditation of Canada and Canadian Dental Association Board of Governors. Expenditures of funds within budget shall be the responsibility of the Director of Education and Accreditation. Summaries of revenues and disbursements shall be provided annually to all constituencies represented on the Commission on Dental Accreditation of Canada.

It shall be the duty of the Commission on Dental Accreditation of Canada:

- i) To function as a partnership of organizations and expertise concerned with protecting and furthering the public interest through the accreditation process as applied to educational programs for dentists, dental specialists, allied dental personnel, dental residencies/internships and associated institutional dental services.

PROPOSED cont'd

- ii) To ensure that the accreditation process promotes the preparation of competent dentists and allied dental personnel by:
 - a) defining acceptable national standards as a basis for accreditation;
 - b) establishing comprehensive accreditation requirements for the specific educational programs;
 - c) reviewing each educational program against the appropriate national standard, as set out in the accreditation requirements and identifying programs in compliance with standards;
 - d) cooperating with provincial licensing authorities, the National Dental Examining Board of Canada, and others, as appropriate, with respect to current and developing certification process;
 - e) cooperating with organizations representing allied dental personnel, Provincial Licensing Authorities and the National Dental Examining Board of Canada with respect to the development of certification requirements and processes for allied dental personnel.
- iii) To report annually to the Board of Governors of the Canadian Dental Association and all other constituencies.

The Commission on Dental Accreditation of Canada shall have the power to appoint committees and sub-committees as it shall deem expedient.

APPENDIX II

CURRENT

Article IX

EXECUTIVE COUNCIL

Section 11 - Quorum

Six of the voting members of the Executive Council shall constitute a quorum and any question submitted to a meeting shall be determined by a majority of the votes cast of the members present. In the event of an equality of votes, the President or other member occupying the chair shall not have a second or deciding vote.

APPENDIX II

PROPOSED

Article IX

EXECUTIVE COUNCIL

Section 11 - Quorum

A majority of the voting members of the Executive Council shall constitute a quorum and any question submitted to a meeting shall be determined by a majority of the votes cast of the members present. In the event of an equality of votes, the President or other member occupying the chair shall not have a second or deciding vote.

APPENDIX III

CURRENT

Article VIII

BOARD OF GOVERNORS

Section 10 - Submitted Resolutions

Any Corporate member of the Association may submit a written resolution for consideration by the Board of Governors provided such resolution is received at the offices of the Association at least 30 days before the next annual or interim session of the Board.

APPENDIX III

DRAFT

PROPOSED

Article VIII

BOARD OF GOVERNORS

Section 10 - Submitted Resolutions

Any Corporate member of the Association may submit a written resolution for consideration by the Board of Governors provided such resolution is received at the offices of the Association at least 30 days before the next annual or interim session of the Board. **Any resolution which is not submitted in this manner may be introduced during the proceedings of an Annual or Interim Session of the Board provided that an affirmative vote of two-thirds of the members of the Board of Governors in attendance at that Session authorize that such a resolution to be introduced.**

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.ADMIN., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.
G. WARREN TRICKEY, B.COMM., C.A.
ROBERT D. SHANTZ, B.MATH., C.A.

CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367
1 (800) 267-6551
FAX: 236-5041

November 17, 1994.

Mr. Joel Neal
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

Dear Joel:

I am writing to summarize our previous conversations concerning a dissolution/wind up clause for the organization.

In order for the organization to maintain its non-profit status under paragraph 149(1)(1) of the Income Tax Act, no part of its income may be paid, payable or otherwise made available for the personal benefit of any proprietor, member or shareholder.

This issue is set out clearly in paragraph 11 of Interpretation Bulletin - IT-496 as follows:

"11. To qualify for exemption pursuant to paragraph 149(1)(1), no part of the income of an association, whether current or accumulated, may be made available for the personal benefit of any proprietor, member or shareholder of an association (hereinafter referred to as a member). An association may fail to comply with this requirement in a variety of ways. Some of these are as follows:

- (a) the association distributed income during the year, either directly or indirectly, to or for the personal benefit of any member,
- (b) the association has the power at any time in the current or future years to declare and pay dividends out of income; or
- (c) the association in the case of a winding-up, dissolution or amalgamation has the power to distribute income to a proprietor, member or shareholder.

Mr. Joel Neal
Canadian Dental Association

- 2 -

November 17, 1994

The presence of any of the circumstances described in (a), (b) and (c) would be conclusive evidence that income was payable or available for the personal benefit of a member, subject to the comments in 12 and 13 below and in 4 of IT-409 which deals with the distribution of taxable capital gains to members. To avoid possible difficulties regarding (c), an association may in its enabling documents provide that upon a winding-up, amalgamation or dissolution all of its assets and accumulated income are to be transferred to an organization with similar objects that qualifies for exemption pursuant to paragraph 149(1)(f) or (l) of the Act."

The concern is that if the organization does not have such a wind-up clause, Revenue Canada could raise the argument that the organization is not entitled to non-profit status. Therefore, I recommend that the organization implement such a clause to avoid any possible problems with Revenue Canada.

You should note that if a decision is made to dissolve in the future and there is property, the last act the membership might take before the dissolution is to change the winding-up clause to distribute property to members. The result is that the non-profit tax-free status would be lost for the future which is meaningless in such a situation.

If you have any questions in connection with the above, please give me a call.

Yours truly,

McCAY, DUFF & COMPANY,

Warren Trickey

Per: G. Warren Trickey

GWT:DG



Corporations Directorate Direction générale des Corporations
9th floor, Journal Tower S. 9^e étage, Édifice Journal, Tour sud
365 Laurier Avenue West 365, avenue Laurier ouest
Ottawa, Ontario K1A 0C8 Ottawa (Ontario) K1A 0C8

Your file Votre référence

November 14, 1994

RECEIVED NOV 1 6 1994

Our file Notre référence

34589-0

Ms. Martyne Giroux
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Ms. Giroux:

RE: By-Law Amendments
CANADIAN DENTAL ASSOCIATION -
L'ASSOCIATION DENTAIRE CANADIENNE

This will acknowledge receipt of your letter dated November 7, 1994 concerning the By-Law Amendment which was duly sanctioned at the 1994 Interim and Annual Meetings of the Board of Governors.

The Amendment has received Ministerial approval as of November 9, 1994.

Sincerely,

Mary H. Walsh
Director General
Corporations Directorate

MHW/1st

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. D. William Allen, Prince Edward Island
Dr. G. Frank Copithorne, British Columbia
Dr. John M. Dillon, Manitoba
Dr. William A. Glave, Ontario
Dr. Toby Gushue, CDA Executive Liaison
Dr. William Leggett, Ontario
Dr. Ron J. Markey, CDA
Dr. Roy Rasmussen, Alberta

Management Committee: Dr. Rod Moran, President
Dr. James N. Wright, Secretary
Dr. Gilles Dubé, Treasurer

Observers: Dr. Brian Knoblauch, Saskatchewan
Dr. Eckart Schroeter, New Brunswick
Dr. Robert Sexton, Newfoundland
Dr. Andrew Thompson, Nova Scotia
Dr. Robert Sandercock, Alberta (guest)

Executive Vice-President: Mr. Kingsley D. Butler, C.A.

1. Council Meetings

The Board of Directors of CDSPI met as the Council on Insurance and Investment of the CDA on September 30, 1994 in Vancouver. The Council is scheduled to meet next on January 13-14, 1995 in Toronto.

ITEMS REQUIRING BOARD ACTION

2. CDIP General Insurance - 1995 Renewal

CDSPI Board was presented with a report which outlined the activities that have taken place since the previous Board meeting. The Management Committee had met with both the Broker and an Actuarial Consultant knowledgeable in the general insurance area. The Management Committee were in agreement that the proposed 1995 rate increases for the general insurance plan should remain as approved at the April Board meeting. These increases were justified due to the poor plan experience in the last 18 months.

CDSPI will be changing its way of negotiating and doing business on the general insurance in the future, by involving actuarial experience at the negotiation table. Because of adverse experience and a dramatic increase in repeat malpractice claims, it was felt that steps should be taken to recognize this trend.

The Council on Insurance and Investment recommended to the CDA Board of Governors.

RESOLVED:

**95.29 THAT a repeater deductible program be part of
the CDIP Malpractice plan for January 1, 1995.**

Executive received a request to delay the implementation of the repeater deductible, as this will be reviewed further by the Council on Insurance and Investment.

The Board of Governors referred this recommendation back to the Council on Insurance and Investment for further review.

3. CDIP Benefit Plans - 1995 Renewal

A report was presented to the CDSPI Board. After discussion the Board felt that some small increase was warranted for the Life plan, rather than having the Life Surplus fund the entire deficit with no premium increase being passed on. The CDSPI Board also agreed that the surplus had been generated in the past because of good experience and now that experience was negative, the surplus should fund the deficit based on the consultants recommendation.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

**95.30 THAT in its capacity as the CDA's Council on
Insurance and Investment it recommends to the
Executive Council of the CDA that the Executive
Council, as Trustees of the CDA Life Insurance
Plan Trust, authorize the following uses of the
surplus of the CDIP Life Insurance plan:**

- 1) The transfer from the CDIP Life Insurance plan
surplus account to the appropriate accounts of the
Prudential Group Assurance Company of England**

(Canada) (or its successor company), following the audit by consultants designated by CDSPI of the financial statements for the CDIP Life Insurance plan as at December 31, 1994, of an amount not exceeding \$750,000 to the extent required to fund (i) 100% of any underwriting deficit existing in the CDIP Life Insurance Plan as of December 31, 1994, and (ii) 50% of the target rate stabilization reserve for the CDIP Life Insurance plan as of January 1, 1995; and

- 2) The transfer from the CDIP Life Insurance plan surplus account to the appropriate accounts of the Prudential Group Assurance Company of England (Canada) (or its successor company), following the audit by consultants designated by CDSPI of the financial statements for the CDIP Life Insurance plan as at December 31, 1995, of an amount not exceeding \$350,000 to the extent required to fund (i) the balance of any underwriting deficit as of December 31, 1994 which has not been recovered from the payment authorized in paragraph 1 of this recommendation and/or plan experience, and (ii) 50% of the target rate stabilization reserve for the CDIP Life Insurance plan as at January 1, 1996.

ADOPTED

Executive Council approved these recommendations on behalf of the Board, and they were presented for Board ratification.

RESOLVED:

- 95.31** **THAT** the benefit plans underwritten by the Sun Life Assurance Company of Canada be renewed for 1995.

ADOPTED

RESOLVED:

- 95.32 THAT the CDIP Life Plan be renewed for 1995 with a 2% premium increase.**

ADOPTED

RESOLVED:

- 95.33 THAT the LTD, Office Overhead Expense, and Dentist Staff Package underwritten by Sun Life Assurance Company be renewed for 1995 with no premium increase.**

ADOPTED

RESOLVED:

- 95.34 THAT effective January 1, 1995 CDIP LTD and Office Overhead Expense Plans have male/female premium rates as proposed by the insurer.**

ADOPTED

4. AFLAC Insurance Company of Canada - New Product

APPENDIX I

As requested at the previous Board meeting, AFLAC had completed a market survey which indicated the level of interest by the profession in this type of coverage. A summary of plan content is attached as Appendix I.

The Council on Insurance and Investment recommended to the CDA Board of Governors.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

- 95.35 THAT a First Support Hospital Cash Plan insured by AFLAC Canada be offered as part of CDIP effective January 1, 1995.**

ADOPTED

5. **New Fund for CDA RSP**

In order to remain competitive in the CDA RSP the Board reviewed a proposal to add an International Fund to the plan.

The Council on Insurance and Investment recommended to the CDA Board of Governors.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

**95.36 THAT an International Equity Fund be added to
the CDA RSP as soon as it can be implemented.**

ADOPTED

6. **CDIP Experience - Uses of Life/Disability Surplus**

APPENDIX II

As the Council on Insurance and Investment of the CDA we must, at least annually, recommend to the CDA uses of CDIP Life and Disability Surplus. The CDSPI Board of Directors acting as that Council, reviewed the status of the two Trust surplus balances and provide the following allocations provided on Appendix II.

Actuarial consultants (Towers Perrin) and legal Counsel (Fasken Campbell Godfrey) reviewed these surplus allocations and commented that this proposed use of surplus is within the guidelines as set out by the Ontario Court of Appeal.

We strongly feel that until the Life experience has stabilized that it makes no sense to distribute surplus and then have a premium increase. Although there will be a tax to pay on 1994 interest income, there is insufficient funds available to have a material distribution at this point in time. We recommend that all surplus should remain on hand as noted, to stabilize the program through 1995 until the actual experience is known. Similarly, the disability plans are very volatile and experience can fluctuate quickly. Until there is stronger evidence of plan stability over a longer period a contingency reserve should be maintained.

In both Trusts, the amount of surplus available for distribution is too small to justify the cost of distribution so the balances are being designated as distributable for future consideration by the Council in 1995.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

95.37 THAT in its capacity as the CDA's Council on Insurance and Investment it recommends to the Executive Council of the CDA that the Executive Council, as Trustees of the CDA Life Insurance Plan Trust and the CDA Disability Insurance Plans Trust:

- 1) Authorize that the surplus of the Trusts as at June 30, 1994 be designated to be used as set out in Appendix II of this report; and**
- 2) Direct the staff of CDSPI to take the actions and give the instructions to the Prudential Group Assurance Company of England (Canada) which are required in order to implement the authorized uses of plan surpluses.**

ADOPTED

7. Members' Assistance Plan (MAP)

A report outlining this program indicates that this plan will be a very positive addition for the Life, LTD and OOE participants. The addition of this new feature will provide a much needed competitive edge for these plans. The Board applauded this as a very desirable program and agreed that it should be strongly marketed.

Attached as Appendix III is an outline of the program.

APPENDIX III

Each Corporate Member received an outline of this program in October 1994.

The Council on Insurance and Investment recommended to the CDA Board of Governors.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

95.38 **THAT a Members' Assistance Program be available to CDIP Life, LTD and Office Overhead Plan participants; such funding to come from the retention costs of the insurer for these plans; implementation date as soon as possible and promotion to be commenced no later than January 1, 1995.**

ADOPTED**8. Dentists' Staff Package**

As a result of enquiries to investigate a true "employer/employee" plan for dentists' staff a Basic non medical component to the existing Dentists' Staff Package has been developed. This will allow staff of eligible dentists to enter the plan non-medically and then upgrade to larger coverage amounts with medicals.

The Council on Insurance and Investment recommended to the CDA Board of Governors.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

95.39 **THAT a Basic Non Medical Component be added to the current Dentists' Staff Package as outlined in the Prudential proposal of August 9, 1994 and be offered to eligible employees of dentists as of January 1, 1995.**

ADOPTED**9. New Payment Options**

In 1994 CDSPI reviewed the product/service element in comparison to the competition and identified a number of areas to be investigated by the end of 1995. One of these pertained to payment modes for premiums. As a result of the feasibility review it is proposed to permit payment for insurance premiums as follows:

- By cheque - annually or quarterly
- By pre-authorized chequing (PAC) monthly
- By VISA - annually or quarterly

As there is an increased cost for these services, it was felt that those using quarterly or monthly options should not be subsidized by those paying annually; therefore, a processing fee of 2% will apply.

Offering these services permits dentists to have the same or better options than available in the marketplace at a lessor fee. It also permits dentists to plan their payment cycle to fit their cash flow - an important feature during these difficult economic times.

The Council on Insurance and Investment recommended to the CDA Board of Governors.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

95.40 THAT commencing for the January 1995 premium year;

- 1) CDIP participants be given the option of paying insurance premiums on an annual quarterly or monthly basis subject to a 2% annual fee being payable by participants choosing the quarterly or monthly payment options.**
- 2) Participants selecting the annual or quarterly payment option be given the further option of paying their premiums by credit card (VISA only).**

ADOPTED

10. Grad/Student Starting Out Program

APPENDIX IV

The CDSPI Board reviewed a new 1994-1995 Student/Grad Starting Out program which is currently being presented across Canada. In order to present this program to dental faculties in the fall of 1994, the CDA Management Committee approved the new design in early September. An outline of the plan is attached as Appendix IV. This is the overall "product knowledge" package on the new Grad/Undergrad program.

The Council on Insurance and Investment recommended to the CDA Board of Governors.

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

95.41 THAT the 1994 - 1995 Student/Grad Starting Out Program as presented to the Board be approved.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

11. CDA RSP - Performance Monitoring Report; New Mandates

A revised new Fund Monitoring Report was prepared by Foster Higgins (a consulting firm) and presented to the Board. The Board agreed that this report was a considerable improvement on the previous report format and should be continued. It was noted that the December 31, 1994 performance report would be presented to the April 1995 Board meeting by Foster Higgins.

The Board was also advised that Foster Higgins was reviewing the CDA RSP investment mandates. This review will also include a review of the asset mix. It was noted that these new mandates would be an agenda item for the January 1995 Board meeting.

12. Travel Insurance

A report was provided to the Board as an update indicating that the review and study of the travel insurance product was continuing and that Management would bring a final report to the January 1995 Board meeting.

13. Non-Registered Funds

A report was provided as information for the Board. The report indicated that the feasibility study was progressing and a report will be coming to the Board following a presentation by the staff to the Management Committee.

14. New Member to Management Committee

As Dr. Moran will be retiring as President of CDSPI in January 1995, interviews were held in July 1994 to recruit a new member for the CDSPI Management Committee. The successful candidate as recommended by the Ad Hoc Management Committee Selection Committee and voted on by the CDSPI Board of Directors is Dr. W. A. Glave of Ontario. Dr. J. W. Wright will officially become President of CDSPI on January 15th, 1995, with both Dr. G. Dubé as Treasurer and Dr. W. A. Glave as Secretary, being the other two Management Committee members.

15. Changes to the CDSPI Board of Directors and Observers

A Retirement Luncheon was held on September 30th to honour Dr. Roy Rasmussen, who retired from the CDSPI Board after 35 years of service. Dr. G. R. Sandercock will represent Alberta at the next Board meeting in January 1995.

Dr. D. R. Sandilands replaces Dr. T. Gushue as the CDA Director and Executive Liaison and will represent CDA at the next Board meeting in January 1995.

Dr. A. Thompson replaces Dr. G. S. Zwicker as the Observer for Nova Scotia and will represent Nova Scotia at the next Board meeting in January 1995.

16. Corporate Restructuring

The CDSPI Board has appointed Mr. Mike Applin from Coopers & Lybrand to proceed with the Corporate Restructuring project.

Mr. Applin indicated that the approach would cover four phases: I) Orientation, II) Assessment, III) Recommendations, IV) Report.

Phase I - Orientation - Coopers & Lybrand will develop a detailed action plan and agree on the communication aspect by determining who to communicate to and in what format.

Phase II - Assessment - They will interview CDSPI Board members, hold focus groups with CDA and each Provincial Association, assess similar organizations, understand the management process and hold a workshop.

In relation to Phase III - Recommendations - They will be looking at the Board and Committee structure and its responsibilities, management responsibilities, the management process, remuneration and the process for implementing recommendations.

Phase IV - Report - A document will be prepared for review and approval with attention to the procession of communicating and how to gain approval.

The workshop will be held in Ottawa at the time of the CDA Interim Board meeting. The present schedule calls for a report to the CDSPI Board two weeks later and motions for By-law changes to the CDSPI Annual Meeting in August. We may be able to provide a further update at the time of presenting this report.

Respectively submitted,

James N. Wright, D.D.S., M.Sc.D.

Chairman, Council on Insurance and Investment - CDA
Incoming President, CDSPI

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Insurance and Investment.

CANADIAN DENTAL ASSOCIATION HOSPITAL CASH PLAN (PLAN A)

First Occurrence Benefit

Pays the covered insured \$5,000.00 when they are first diagnosed as having one of the following.

- Cancer
- Heart Attack
- Stroke
- Poliomyelitis
- Cystic Fibrosis
- Sickle-Cell Anemia
- Osteomyelitis
- Muscular Dystrophy
- Meningitis
- Paraplegia
- Multiple Sclerosis

Hospital Benefit

Pays \$200.00 for each day a covered insured is hospitalized with benefits beginning the first day for injury and beginning the second day for illness.

Intensive Care Hospital Benefit

Pays \$500.00 for each day of ICU, Coronary Intensive Care or Neonatal Intensive Care Units, beginning the first day for injury, the second day for illness.

Pays \$750.00 each day for initial ICU hospitalization which results from an automobile, truck, bus, motorcycle, train or airplane accident. Standard rate (\$500.00 per day) applies if the ICU admission occurs more than 48 hours after the accident.

Outpatient Treatment Benefit

Pays \$100.00 per day if the insured or insured family members receive any of the following cancer treatments as an outpatient at a doctor's office, hospital, clinic or ambulatory centre:

- a) Surgery, Cobalt Therapy, X-Ray Therapy, Blood Transfusions, Chemotherapy Injections
No Lifetime Limit
- b) Oral Chemotherapy administered or prescribed by a physician: Limit \$500.00 per calendar month.

Outpatient Treatment Surgery

This benefit pays \$100 per day when a covered person requires surgery on a hospital outpatient basis (*day surgery*). This benefit is payable twice per calendar year per covered person.

Daily Home Nursing Benefit

This benefit will pay you \$100 per day when a covered person requires home nursing services as certified by a physician following a covered confinement. The service must be provided by a full-time registered nurse, licensed practical nurse or a licensed vocational nurse. Such services cannot be provided by a member of your family. This benefit is limited to one visit per day and 30 total visits within 60 days of a covered confinement.

Limitations & Exclusions

Benefits are payable under the terms described in the policy. Excluded are such illnesses which arise from complications of Pregnancy, Childbirth, Acquired Immune Deficiency Syndrome (AIDS), or AIDS related Complex (ARC), Kaposi's Sarcoma, attempted suicide, commission of a crime, (including drunken or impaired driving or while using illegal drugs), war riot, civil commotion, any nervous or mental disorder, fraud or material misrepresentation. No benefits are payable resulting from an injury or sickness for which medical advice was received during twelve months, immediately prior to the date of issue, or for those conditions where there has been any diagnosis of cancer, poliomyelitis, cystic fibrosis, multiple sclerosis, osteomyelitis, muscular dystrophy, meningitis, or sickle cell anemia, heart attack, stroke or paraplegia, at any time before the benefit date. No benefits are payable to any Named Insured who has cancer, poliomyelitis, cystic fibrosis, multiple sclerosis, osteomyelitis, muscular dystrophy, meningitis, or sickle cell anemia diagnosed or suffers a heart attack or stroke or becomes a paraplegic, or is hospitalized (except for injury) before the policy has been in force for thirty (30) days from the date of issue. The term "hospital" does not include convalescent, nursing, rehabilitation, hospice facilities or sanitarium. The First Occurrence Benefit will not be payable more than once in the lifetime of any Named Insured.

CANADIAN DENTAL ASSOCIATION HOSPITAL CASH PLAN (PLAN B)

First Occurrence Benefit

Pays the covered insured \$10,000.00 when they are first diagnosed as having one of the following.

- Cancer
- Heart Attack
- Stroke
- Poliomyelitis
- Cystic Fibrosis
- Sickle-Cell Anemia
- Osteomyelitis
- Muscular Dystrophy
- Meningitis
- Paraplegia
- Multiple Sclerosis

Hospital Benefit

Pays \$400.00 for each day a covered insured is hospitalized with benefits beginning the first day for injury and beginning the second day for illness.

Intensive Care Hospital Benefit

Pays \$500.00 for each day of ICU, Coronary Intensive Care or Neonatal Intensive Care Units, beginning the first day for injury, the second day for illness.

Pays \$1,000.00 each day for initial ICU hospitalization which results from an automobile, truck, bus, motorcycle, train or airplane accident. Standard rate (\$500.00 per day) applies if the ICU admission occurs more than 48 hours after the accident.

Outpatient Treatment Benefit

Pays \$200.00 per day if the insured or insured family members receive any of the following cancer treatments as an outpatient at a doctor's office, hospital, clinic or ambulatory centre:

- a) Surgery, Cobalt Therapy, X-Ray Therapy, Blood Transfusions, Chemotherapy Injections
No Lifetime Limit
- b) Oral Chemotherapy administered or prescribed by a physician: Limit \$500.00 per calendar month.

Outpatient Treatment Surgery

This benefit pays \$200 per day when a covered person requires surgery on a hospital outpatient basis (*day surgery*). This benefit is payable twice per calendar year per covered person.

Daily Home Nursing Benefit

This benefit will pay you \$200 per day when a covered person requires home nursing services as certified by a physician following a covered confinement. The service must be provided by a full-time registered nurse, licensed practical nurse or a licensed vocational nurse. Such services cannot be provided by a member of your family. This benefit is limited to one visit per day and 30 total visits within 60 days of a covered confinement.

Limitations & Exclusions

Benefits are payable under the terms described in the policy. Excluded are such illnesses which arise from complications of Pregnancy, Childbirth, Acquired Immune Deficiency Syndrome (AIDS), or AIDS related Complex (ARC), Kaposi's Sarcoma, attempted suicide, commission of a crime, (including drunken or impaired driving or while using illegal drugs), war riot, civil commotion, any nervous or mental disorder, fraud or material misrepresentation. No benefits are payable resulting from an injury or sickness for which medical advice was received during twelve months, immediately prior to the date of issue, or for those conditions where there has been any diagnosis of cancer, poliomyelitis, cystic fibrosis, multiple sclerosis, osteomyelitis, muscular dystrophy, meningitis, or sickle cell anemia, heart attack, stroke or paraplegia, at any time before the benefit date. No benefits are payable to any Named Insured who has cancer, poliomyelitis, cystic fibrosis, multiple sclerosis, osteomyelitis, muscular dystrophy, meningitis, or sickle cell anemia diagnosed or suffers a heart attack or stroke or becomes a paraplegic, or is hospitalized (except for injury) before the policy has been in force for thirty (30) days from the date of issue. The term "hospital" does not include convalescent, nursing, rehabilitation, hospice facilities or sanitarium. The First Occurrence Benefit and the will not be payable more than once in the lifetime of any Named Insured.

CDIP LIFE/DISABILITY SURPLUS ACCOUNTS**APPENDIX II****CDIP Life Surplus**

Surplus Balance June 30, 1994	\$ (3,813,126)
Estimated 1994 Income Tax on Interest Income	200,000
QDSA Legal Fees (Court Approved)	170,000
Reimbursement Guardian Paid Legal Fees (Court Approved via CDA)	100,000
Reimbursement CDA Paid Legal Fees (Court Approved)	70,000
Estimated Accounting Fees	1,000
PRU Deficit recovery and funding of Rate Stabilization Reserve	1,100,000*
Contingency Reserve Fund	2,000,000
Designated Distributable Surplus	<u>172,126</u>
Balance of Unallocated Surplus	<u>NIL</u>

* 1994 - \$750,000
1995 - \$350,000

CDIP Disability Surplus

Balance June 30, 1994 - Long Term Disability	\$ (440,184)
- Office Overhead Expense	<u>(635,981)</u>
	(1,076,165)
Contingency Reserve Fund	1,000,000
Estimated 1994 Income Tax on Interest Income	75,000
Estimated Accounting Fees	1,000
Designated Distributable Surplus	<u>9,835</u>
Balance of Unallocated Surplus	<u>NIL</u>

PREAMBLE

The proposal describes our agreement to providing a Members Assistance Program (MAP) for the members of The Canadian Dental Service Plans Inc. (The CDSP) and their families.

For over a decade, CDSP has been providing dental services to its members. We have earned a reputation for quality service, reliability and responsiveness. We have a strong commitment to our members and their families.

We are proud of the reputation we have earned and we are committed to maintaining it. We are pleased to announce that we have entered into an agreement with The Canadian Dental Service Plans Inc. to provide a Members Assistance Program (MAP) for its members and their families.

**PROPOSAL FOR A
MEMBERS ASSISTANCE PROGRAM
FOR
THE CANADIAN DENTAL SERVICE
PLANS INC.**

MAY 13, 1994

This proposal has been prepared exclusively for:

THE CANADIAN DENTAL SERVICE PLANS INC.

By:

**JACK SANTA-BARBARA, Ph.D., C.Psych.
CHAIRMAN & CHIEF EXECUTIVE OFFICER**

Please Note:

This proposal contains proprietary information and is presented for the sole purpose of review by THE CANADIAN DENTAL SERVICE PLANS INC..

We request that the confidential nature of this document be respected, that it not be distributed beyond THE CANADIAN DENTAL SERVICE PLANS INC., and that additional copies not be made without the express permission of CHC.

Thank you.

PREAMBLE

This proposal describes our approach to providing a Members Assistance Program (MAP) for the members of The Canadian Dental Service Plans Inc. (The CDSPI,) and their families.

For over a decade, *CHC - The EAP Specialists'* have been committed to providing quality services to both our individual and corporate clients. We have learned that professionalism, accessibility, flexibility and responsiveness are crucial to our success.

We are proud of the reputation we have earned for integrity and quality services at competitive rates. We welcome your careful scrutiny, confident that close inspection will confirm our reputation.

The body of this proposal outlines the key features of our service. Extensive documentation regarding all aspects of the service is available on request.

AN INTRODUCTION TO CHC

CHC - The EAP Specialists (CHC) contracted to provide its first Employee Assistance Program (EAP) in 1982. Today, we are the leading provider of quality EAPs in Canada, with programs covering over 500,000 individuals and 600 corporate clients.

CHC was specifically established to specialize in EAPs. The two principals of CHC, *Jack Santa-Barbara, Ph.D., C.Psych.* - Chairman & Chief Executive Officer, and *Margaret Coshan, M.S.W., CEAP* - President, had extensive backgrounds in designing and evaluating human service delivery systems prior to the founding of CHC.

CHC's strong results orientation has grown out of this heritage, and has contributed to our reputation for quality and rapid growth over the last decade. We are a service driven organization, dedicated to:

- ↳ attaining individual client goals *through Client Services, and*
- ↳ meeting our customer's organizational objectives *through Program Management.*

Our entire operation is geared to the attainment of these objectives.

CHC's growth has been substantial over the years. To meet this challenge, we have developed a sophisticated infrastructure to ensure the continued applications of our basic principles. Today, we are more prepared than ever to effectively manage continued growth. We have not only the detailed policies and procedures in place, but also a stable, dedicated team of professionals committed to our fundamental principles and values.

CHC's customer list reflects the diverse fields and customer needs we serve. Our professionalism and ability to tailor our services to meet these diverse workplace needs reflect our commitment to quality and responsiveness to customer service. We believe we have some of the most demanding customers in the country. We not only welcome the sophisticated, demanding customers, but we seek them, in the belief they represent the best test of our operation, and are most likely to contribute to our continued growth and development.

Our organizational customers include:

- both public and private sector organizations
- large (N = 40,000) and small (N = 1) workforces
- national and regionally-based organizations
- associations and affiliate groups
- manufacturing and service organizations
- union and non-unionized workforces
- single and multiple-site organizations
- safety-sensitive occupations

We have an extensive network of dedicated professionals, organized in strong regional teams, readily available across Canada.

Regional and area offices are identified in

Figure 1.

CHC COUNSELLOR LOCATIONS

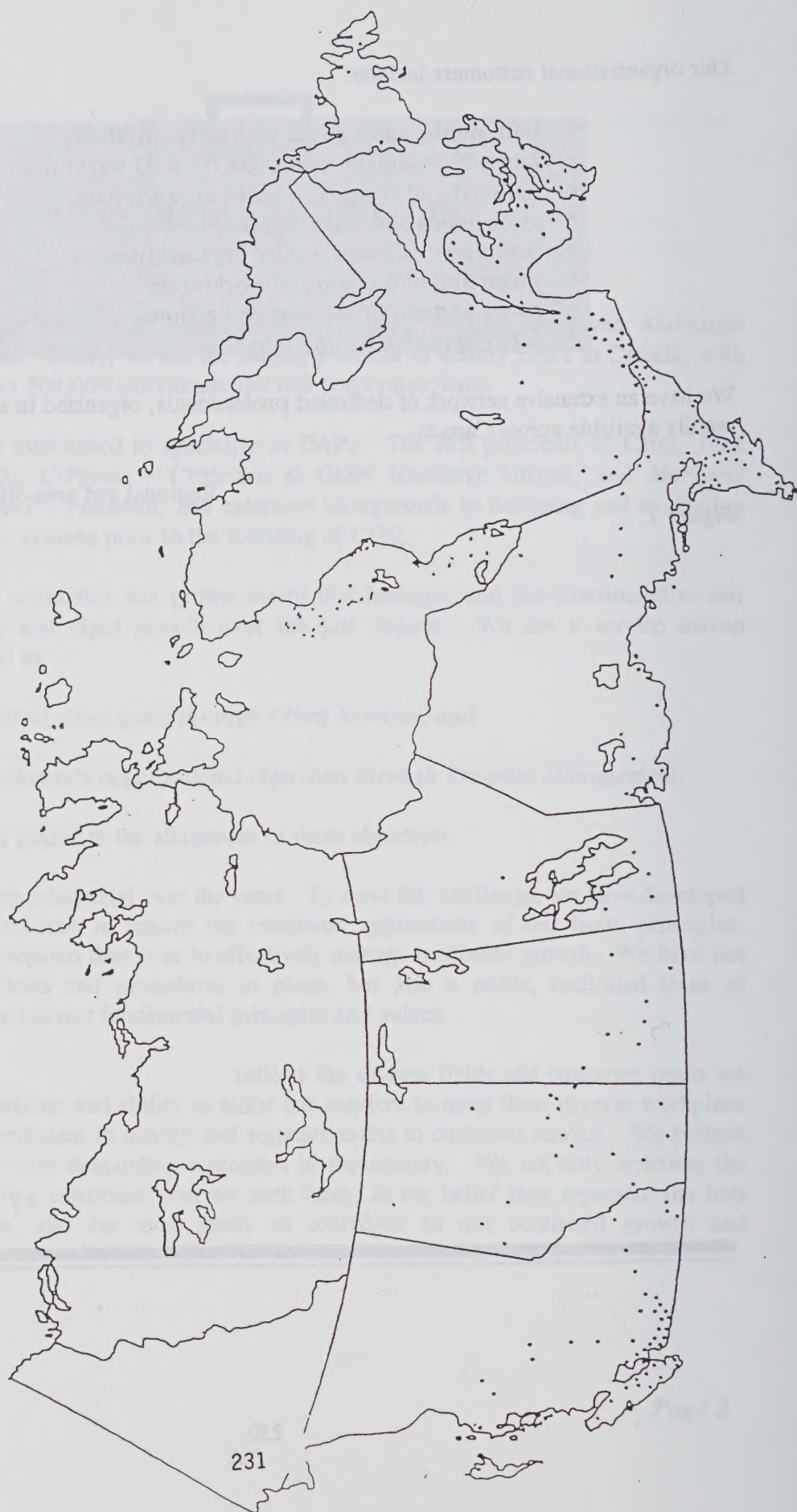


Figure 1

II

A MAP FOR THE CDSPI

PROGRAM OBJECTIVES

We believe the primary objective of the MAP should be to efficiently deliver effective assistance to eligible individuals.

CHC quality standards set targets of at least 85% client satisfaction, and 85% attainment of counselling goals. (Results generally exceed the 90% level).

CHC efficiency standards require client satisfaction and goal attainment within a five (5) hour model of service delivery.

Client services is at the heart of an effective MAP. However, for the MAP counselling to be more than a commodity, and for the organization's goals in supporting an MAP to be realized, effective Program Management is essential.

The remainder of our proposal details the contributions of, and synergy between these two critical aspects of a quality MAP.

A. COMPONENTS OF CHC'S CLIENT SERVICE MODEL

To provide effective care to all members the MAP must:

- recognize the wide diversity of member needs
- provide appropriate professional skills
- allow sufficient time for problem resolution
- evaluate the quality of services provided for each user of the program.

CHC's Client-Centered Model is depicted in Figure 2. Each of the components is described below,

Professional Intake Counsellors - CHC staffs its Intake with qualified professionals, able to provide crisis counselling as required. This staffing pattern results in callers having immediate access to a qualified professional, so that service delivery can begin with the first call, rather than the first appointment.

CLIENT SERVICES

HOW WE SERVE THE EMPLOYEE

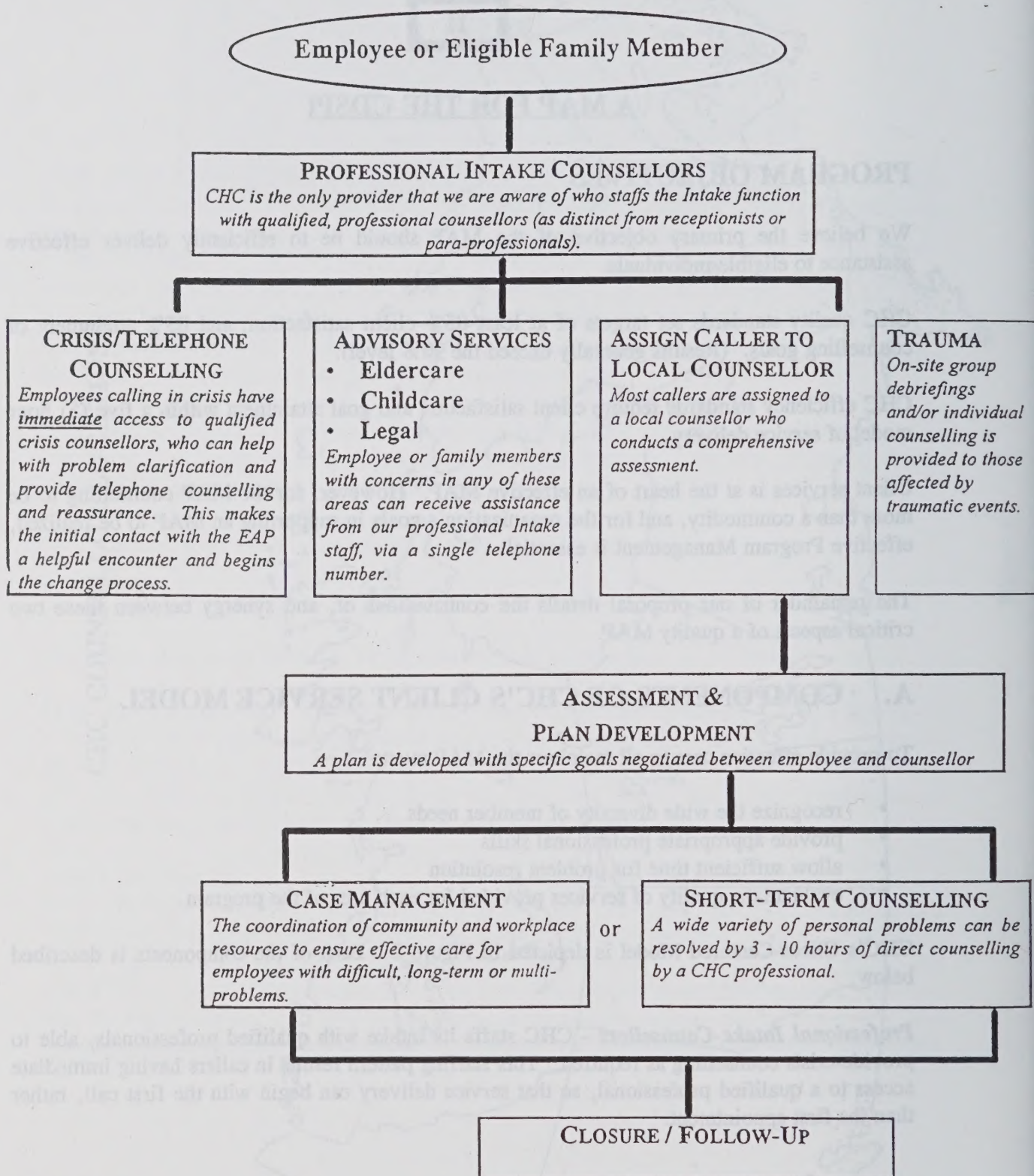


Figure 2

* Employee is to be replaced with Participant 233

Short Term Counselling - A multitude of personal problems can be resolved within four to ten hours of direct counselling by a CHC professional. Some examples are:

- stress reactions
- marital and family issues
- anxiety and depression
- separation and bereavement problems
- career and work-related problems
- financial counselling.

Case Management - For those individuals requiring long-term assistance, specialized skills, or referrals to multiple community resources, Case Management services will be provided. Difficult, multi-problem situations, many involving addictions and/or work-related problems, require this more intensive service.

The CHC Case Manager will:

- help the individual clarify their specific need(s) and goal(s)
- identify and assist in choosing appropriate community resource(s)
- provide ongoing support
- advocate on the client's behalf with community resources as needed
- co-ordinate multiple services
- maintain clinical responsibility to resolution
- generally facilitate and problem solve to goal attainment.

Such cases may require several hours of case management services. These are the individuals who have problems which can lead to costly health and disability claims, & greatly disrupt a professional practice if not resolved.

Crisis/Telephone Counselling - is available 24 hours a day for those individuals in need. If necessary, this may involve liaison with family members, community resources and/or the workplace, to best serve the client.

Eldercare Advisory Service - This is a telephone counselling and information service for your members who are taking on the responsibility of looking after their elderly parents or relatives. Our experienced eldercare counsellors can help your members plan for the needs of their elderly relatives, and provide them with specific information regarding eldercare services across Canada.

Legal Advisory Service - This service provides 24-hour access to a qualified lawyer who can provide telephone advice on a wide range of legal issues and, if necessary, make a referral to lawyers across Canada.

Childcare Advisory Service - provides detailed information about daycare, after-school programs, summer camps, etc. This service is particularly useful for working parents.

Financial Counselling - Individuals often need assistance in budgeting and planning basic household finances. This requires direct assistance in working through the details of their specific situation. In many cases, other stress management issues also need attention. Many individuals with financial problems may be helped by a CHC counsellor, and will not require referral to additional resources.

Trauma Response Service - CHC's Trauma Response Service consists of professional staff trained to provide assistance to groups of individuals who experience traumatic events in the workplace (serious accidents, robbery, extortion, kidnapping, sudden death, workplace violence, etc.).

This assistance involves:

- an on-site group meeting with affected individuals to discuss the incident
- a discussion of the normal short and long-term reactions to such incidents
- suggestions for coping.

If required, the on-site visit would also include individual counselling sessions, and/or sessions with family members. Referrals for ongoing counselling and support will also be arranged, as required. The particular approach to be used with THE CDSPI members would depend on the frequency and severity of events, existing procedures and other available sources of assistance (e.g., Victims Assistance programs which exist in some communities).

CHC is the most experienced Canadian provider of Trauma Response Services/Critical Incident Debriefing.

Client Services Characteristics

To meet the stated objective above, your MAP must be:

Confidential - Your MAP must be confidential and be perceived to be confidential. Individuals will use the program only if they believe their identity and confidences will be protected. CHC maintains rigorous procedures for both counselling and non-counselling staff, to protect all aspects of confidentiality.

Some provisions for maintaining confidentiality include:

- The professionalism of our staff, whose activities are governed by explicit regulations regarding confidentiality

- Telephone contacts with the clients follow procedures which ensure the clients' privacy (e.g. the CHC counsellor does not leave a message on an answering machine unless there are explicit instructions to do so)
- Appointments are scheduled so that members from the same organization are not booked back to back
- Names, or any other information, are not released to family members or others without signed consents.

Accessible - To make it as easy as possible for your members to contact and use the MAP services, CHC offers the following:

- direct telephone access to experienced, professional Intake counsellors from anywhere in Canada and the United States
- a national, toll-free number with an "on-call" professional, available 24 hours a day, seven days a week
- bilingual services (multilingual in many areas)
- emergency situations would receive immediate (same day) service. CHC's professional Intake counsellors assess all calls in terms of Risk Levels, which in turn determines the immediacy and intensity of our response
- evening and weekend appointments and home visits are available, and will be negotiated with members as required
- counselling facilities will be provided within convenient travel time from your members
- telephone counselling is available for those in more remote areas.

Outside of Canada - In the event a member and/or dependent travelling outside of Canada needs assistance, the individual can call CHC's intake line collect, and assistance will be coordinated and provided. CHC has a relationship with an international U.S. provider.

Approachable - Promotional activities will stress that the MAP is for everyone, regardless of the severity or nature of the problem, or the individuals' status in the profession.

Flexible - Counsellors tailor their approach to meet the needs of each individual. The counselling response must be determined by the needs of the individual. The member will not be asked to adapt to a rigid system.

The design of the program will have the capacity to change if indicated by feedback from

Page 9

clients and the associations.

Professionally Staffed - To provide the required services, CHC will make available the services of its entire team.

CHC's multi-disciplinary team consists of psychologists, social workers, addictions counsellors and vocational counsellors.

Professional Intake - When members call, their first contact is with a fully qualified intake professional trained to provide immediate assistance (versus a paraprofessional or receptionist).

A Strong Alcohol and Drug Component - CHC recognizes the unique circumstances and requirements of individuals with alcohol and drug problems. Our staff includes Addictions Counsellors who have extensive experience in treatment and follow-up programs. Assessment for substance abuse is a standard part of all counselling assessments.

Accountable - Your MAP will be evaluated in at least the following areas:

- client outcome: satisfaction and goal attainment
- program performance versus established goals (e.g. utilization rate).

Integrated - The MAP will be designed so that CHC's staff can encourage the appropriate use of existing association resources (e.g. Professionals at Risk and their relevant contacts) and collaborate with those resources when appropriate.

Sensitive to the Workplace - CHC's staff consider the role of the workplace as a source of stress and/or support for members.

Responsive to Multicultural Issues - Individuals from non-Western cultures have become a significant factor in most professions. CHC's staff are oriented to cross-cultural issues and trained in new counselling techniques that are culturally appropriate.

Language Capabilities - CHC provides direct counselling in a variety of languages in addition to English and French.

For the Francophone population in Quebec and other parts of Canada, CHC has a 1-800 and a local Montreal francophone intake telephone line. In addition, CHC has a number of counsellors who speak French across Canada..

During the initial intake, CHC's Intake Counsellors match the caller with the most appropriate counsellor to whom the user can comfortably relate. This matching is based on a variety of

factors including the nature of the concern expressed, preference for a male or female counsellor, language needs, and accessibility of the counsellor. Such matching facilitates the therapeutic alliances and the effectiveness of the counselling.

Client Service Staffing

Patricia Macpherson, M.S.W. - Director of Client Services

Patricia Macpherson, M.S.W., Client Services Director for Corporate Health Consultants Ltd., is responsible for the delivery of quality professional counselling services to individual clients. The focus of the Client Services Director's position encompasses all aspects of service delivery, from telephone intake through recruitment, training, development, and the clinical records of professional staff.

Pat is a graduate of The School of Social Work, McGill University, and has received post-graduate training in both individual and family counselling.

Extensive experience in case management and community resource identification and evaluation, gained through her work in medical and psychiatric hospitals and in community human service agencies, provides a skill base for her current position. As well, Pat has been active in projects relating to community care of the elderly. Prior to joining Corporate Health, Pat was supervisor of social work in a large teaching hospital. Her responsibilities there also included field instruction and coordination of social work students at several universities.

Pat directly supervises the Intake team and Area/Regional Managers across the country.

A National Network

To ensure a consistently high quality of service, CHC has developed strong regional teams across the country. Regional and Area Client Service Managers are responsible for the recruitment, screening, orientation and supervision of all counselling staff in their region or area. Regional and Area Managers are seasonal professionals, all of whom have been with CHC for several years.

CHC has a very mature and stable staff which has grown with the firm. Most middle and senior management staff have been promoted from within. Less than a handful have resigned, and none have gone to other EAP providers. CHC has attracted staff from several other EAP providers, reflecting our success in striving to be the EAP employer of choice.

All CHC counsellors are accountable to our Quality Assurance Standards, and both expert support and regional supervision are available to ensure a consistently-high level of quality services.

CHC carefully selects and trains all hourly and salaried staff to follow CHC's Quality Assurance procedures. CHC's screening criteria ensures the selection of qualified and experienced counsellors with a background in short-term and case management counselling methods. Ongoing training is provided for all staff. Our regional and area teams allow our managers to have a more thorough knowledge of their team. This structure provides for greater sensitivity to regional issues, closer supervision, better knowledge of local community resources, a more individualized staff development program, and a more consistent and higher level of service delivery.

It is CHC's practice to make all 400 counsellors available to each organization CHC serves. This allows for flexibility in matching the most appropriate counsellor with each individual who accesses the MAP. Detailed resumes of all 400 counsellors are available for your perusal.

Professional Qualifications

Our staffing requirements are:

- the counsellor must testify to have a clear record with respective professional body (psychology, social work, nursing, addiction counselling)
- required to possess a professional degree qualifying them for counselling. This implies a Masters or Ph.D. level credential, or a C.A.C. for addiction counsellors, or the equivalent
- at least five (5) years professional experience (many of our counsellors have ten or more years experience), (Counsellor for counsellor, CHC has the most experienced team available)
- professional experience in a variety of settings and with a variety of clients
- the respect of their peers
- willingness to meet CHC's Quality Assurance Procedures and accept supervision
- ability to identify, assess, and treat addictions and work-related problems
- short-term counselling, case management and crisis intervention skills
- must possess liability insurance
- strong results orientation

- good problem solving skills
- excellent knowledge of community resources
- good appreciation of their own limits and what to do if these are reached
- flexibility
- genuine caring.

Quality Assurance

CHC has a thorough Quality Assurance program.

Our Quality Assurance Procedures have established explicit norms and standards to which we hold ourselves accountable. Norms and standards cover a wide range of issues for both Client Services and Program Management, such as client goal attainment, response time, confidentiality, case closures, thoroughness and breadth of assessment, etc.

To assure compliance with these norms and standards, a supervisory and accountability system operates throughout CHC. Some of the major components of this procedure include the following:

- a. All counsellors are trained to follow CHC's basic Client-Centered Model by Regional (Clinical) Managers who are, in turn, supervised by the Client Services Director. The same standards exist for salaried and hourly counsellors.
- b. A new counsellor's first several cases are reviewed by the Regional Manager while in progress to ensure adherence to our quality standards.
- c. Monthly reports of counsellors' activities are reviewed by Regional Managers and counsellors.
- d. Completed case files are reviewed by Regional Managers and the Client Services Director.
- e. Confidential client feedback of closed cases is monitored and reviewed by Regional Managers.
- f. Goal attainment results by counsellors are reviewed against CHC's norms (85%).
- g. Response time is monitored by exception.
- h. Counsellors are required to flag critical cases for consultation with their Regional

Managers (e.g. suspected suicide risk, perceived dangerousness).

- i. Program Management activities are reviewed in terms of meeting implementation objectives, and ongoing contact with the corporate client.
- j. A complaint review procedure is in place to respond quickly to any concerns expressed regarding service quality, (Our current rate of complaints is less than 1% and we are working to reduce it further).

We would be happy to review our Quality Assurance Procedures in detail with THE CDSPI, and make any adjustments which will improve the effectiveness and efficiency of our services.

An annual performance review is carried out for all staff including counsellors and non-counselling professionals. This includes an updating of credentials and continuing education. A staff development plan addressing performance objectives and continuing education requirements is developed and then monitored throughout the year. A number of CHC counsellors have received their CEAP (Certified Employee Assistance Professional) accreditation. CHC's objective is for all of its full-time staff to have this accreditation.

All CHC counsellors are encouraged to make use of their personal expertise via peer consultation, and to draw upon the special expertise of their team members, to continually broaden their knowledge and skills.

In addition, during the summer of 1992, CHC requested an accreditation review by EASNA (the Employee Assistance Society of North America). The review has been completed and CHC is one of the few North American EAP providers to receive accreditation as a full service provider.

There is no current, Canadian accreditation process. However, CHC is currently involved in developing a national EAP association which intends to address this need.

A. UNDERGRADUATE PROGRAM

A new undergraduate program was developed and approved by the Board of Directors in 1997. The program is designed to provide students with a strong foundation in business and management, and to prepare them for careers in a variety of industries.

The program is designed to provide students with a strong foundation in business and management, and to prepare them for careers in a variety of industries. The program is designed to provide students with a strong foundation in business and management, and to prepare them for careers in a variety of industries.

- University of Alberta (Edmonton)
- University of British Columbia (Vancouver)
- University of Guelph (Guelph)
- University of Regina (Regina)
- University of Saskatchewan (Saskatoon)
- University of Toronto (Toronto)
- University of Western Ontario (London)

Academic Year	Cost (CAD)
1st Year	\$1,500
2nd Year	\$1,500
3rd Year	\$1,500
4th Year	\$1,500

Product Knowledge on CDSPI's

UNDERGRADUATE & GRADUATE PROGRAM

by Joanne LaMantia

1. The program is designed to provide students with a strong foundation in business and management, and to prepare them for careers in a variety of industries.
2. The program is designed to provide students with a strong foundation in business and management, and to prepare them for careers in a variety of industries.
3. The program is designed to provide students with a strong foundation in business and management, and to prepare them for careers in a variety of industries.

CDSPI'S UNIVERSITY VISITS

Each year a CDSPI representative visits the ten Canadian dental schools to give a presentation on CDSPI and the No-Cost Graduate Insurance Package. The ten Universities are:

- University of Alberta (Edmonton)
- University of British Columbia (Vancouver)
- Dalhousie University (Halifax)
- Laval University (Sainte-Foy) (French school)
- University of Manitoba (Winnipeg)
- McGill University (Montreal)
- University of Montreal (Montreal) (French school)
- University of Saskatchewan (Saskatoon)
- University of Toronto (Toronto)
- University of Western Ontario (London)

The presentation is given to the fourth year dental class (fifth in Saskatchewan) and is approximately 20 minutes in length, with a 10 minute question and answer period. This presentation allows CDSPI to introduce its products and services to the future dentists of Canada. It also allows us to inform the new graduate of the No-Cost Graduate Insurance Package.

New for the 1994-95 dental school year, is a presentation to the first year students. This presentation enables CDSPI to introduce itself at the beginning of the students dental school career, as well as inform them about CDSPI's extensive Undergraduate Insurance Program.

Joanne LaMantia gives the presentation to the eight english speaking schools and Susan Landy gives the presentation to the two french speaking schools.

Also new for 1994-95, is CDSPI's One-On-One Graduate Information Sessions to help new graduates with information about the CDIP plans. Tom Haigh will be visiting the Universities to give the One-On-One Information Sessions.

Attached you will find a handout that explains CDSPI's Undergraduate and Graduate Insurance Programs.

A. UNDERGRADUATE INSURANCE PROGRAM

A new undergraduate insurance program has been developed for the academic year of 1994-95.

INSURANCE PACKAGE

Below you will find what type of insurance is being provided in each specific year of dental school at *no-cost* as well as what type of additional insurance the undergrad is eligible to purchase without providing medical evidence of insurability.

Academic Year	No-Cost Insurance	Additional Insurance that can be purchased non-medically
1st Year	\$10,000 AD&D	. AD&D
2nd Year	AD&D renewed \$10,000 Basic Life	. AD&D . an additional \$10,000 Basic Life (to a maximum of \$20,000)
3rd Year	AD&D renewed Basic Life renewed LTD (Not in SK)	. AD&D . an additional \$10,000 Basic Life (to a maximum of \$30,000)
4th Year	AD&D renewed Basic Life renewed LTD renewed (new in SK)	. AD&D . an additional \$10,000 Basic Life (to a maximum of \$40,000)
5th Year (SK Only)	AD&D renewed Basic Life renewed LTD renewed	. AD&D . an additional \$10,000 Basic Life (to a maximum of 50,000)

Important:

1. Basic Life and LTD are available non-medically to undergrads who were 35 years of age or less at the start of their first year. Anyone older than 35 in first year can still receive the no-cost insurance but must provide medical evidence of insurability.
2. To receive the no-cost offer the dental student must be a member of the Canadian Dental Association for all their undergraduate years at dental school.
3. Additional Accidental Death & Dismemberment Insurance (AD&D) can be purchased any year up to a maximum of \$450,000.

A. UNDERGRADUATE INSURANCE PROGRAM (Cont'd.)

4. Additional Basic Life Insurance beyond that listed in the table, can be purchased in any year up to a maximum of \$1,000,000 (including no-cost and non-medical amounts). Evidence of insurability is required.
5. The Undergrad no-cost insurance ceases at the time of graduation, and the "GradPack" begins (any additional insurance purchased with evidence of insurability can be renewed).
6. To continue the no-cost insurance for the next academic year the insurance must be renewed at the end of April. CDSPI will inform the students of the time to renew.

The brochures and application forms were sent to the third year CDA Student Representatives in September. These representatives are responsible for distributing the forms to each class. All application forms MUST be returned to CDSPI before November 15, 1994.

B. GRADUATE INSURANCE PROGRAM

A new graduate insurance program has been developed for the 1995 grads.

GRADPACK

Below you will find what is included in the "GradPack" for the 1995 grads.

Date Effective	Personal Insurance at No-Cost	Office Insurance at No-Cost - TripleGuard™ (three plans in one)
At the time of graduation until December 31, 1995.	Basic Life Insurance \$50,000	Office Contents Insurance \$25,000
	Accidental Death & Dismemberment Insurance \$50,000	Practice Interruption Insurance Unlimited protection of your practice income
	Long Term Disability Insurance \$2,000 per month	Comprehensive General Liability Insurance \$2,000,000

Stepped Support System for the first five years following graduation

Date Effective	Major Premium Reductions on the GradPack
1995 - Graduation to December 31, 1995	100% - No-cost
1996 - January 1 to December 31, 1996	50% - renew the GradPack and receive 50% off the premium
1997 - January 1 to December 31, 1997	25% - renew the GradPack and receive 25% off the premium
1998 - January 1 to December 31, 1998	15% - renew the GradPack and receive 15% off the premium
1999- January 1 to December 31, 1999	10% - renew the GradPack and receive 10% off the premium

B. GRADUATE INSURANCE PACKAGE (Cont'd.)

GRADPACK (Cont'd.)

Important:

1. Basic Life and LTD are available non-medically to graduates who are under 40 years of age when graduating. Anyone older than 40 years of age can still receive the no-cost insurance but must provide medical evidence of insurability.
2. To be eligible for the no-cost GradPack, the graduate must have been a member of the Canadian Dental Association for all of their undergraduate years at dental school.
3. If the graduate plans to enrol in a post-graduate program or take a sabbatical and will not be practising, the graduate can *defer* the GradPack for one year from the date of their graduation. If the package is deferred, all premium reductions for subsequent years apply to periods one year later.
4. When the application is processed the graduate will be automatically signed up for the personal no-cost insurance. When the new graduate knows where they will be practising they can then apply for the TripleGuard™ no-cost office insurance.
5. The new graduate can apply for the GradPack for up to three months after graduation, but can only receive no-cost coverage up to the end of 1995.

UNIVERSITY VISITS

As part of the Graduate Insurance program, a CDSPI representative will visit the fourth year class (fifth year in SK) to explain the program and provide the students with a reference binder to assist them with their insurance planning. They are encouraged to sign up for the No-Cost GradPack and hand their application back to the representative after the presentation.

ONE-ON-ONE INFORMATION SESSIONS

Later in the school year the final year students will have the opportunity to meet with a CDSPI representative for a free one-on-one information session to help them understand the coverages and the CDIP plans. The representative will help the new grad build a program that best suits their needs.

B. GRADUATE INSURANCE PACKAGE (Cont'd.)

INSURANCE REVIEW SERVICE

This service provides accurate and unbiased information about a dentist's insurance needs with no pressure and no obligation. A new graduate can send in any insurance proposal they have received from a private insurer, to CDSPI for a free written evaluation on the proposal.

CDA RETIREMENT SAVINGS PLAN

The CDA RSP allows the new grad to invest their RRSP savings in a range of professionally managed investment funds for growth and security.

Special Offer for 1995 Graduates

Dental undergraduates currently in fourth year (fifth in Saskatchewan), who have earned income can invest in a CDA RSP at no cost to them until the end of 1995.

CANADIAN DENTISTS' INSURANCE PROGRAM (CDIP)

New graduates are eligible to purchase additional insurance in any one of the 14 CDIP plans. CDIP offers the new grad one-stop shopping for the majority of their insurance needs - so they do not have to deal with a series of sales agents.

NEWSLETTER-"Starting Out"

CDSPI has developed a Practice Management Newsletter for new graduates. The newsletter includes articles on Insurance Planning and Practice Management information. This newsletter is distributed to third and fourth year students (fourth and fifth in Saskatchewan) and dentists in their first three years of practice.

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Members: Dr. D. William Allen, Prince Edward Island
Dr. G. Frank Copithorne, British Columbia
Dr. John. M. Dillon, Manitoba
Dr. William A. Glave, Ontario
Dr. William Leggett, Ontario
Dr. Ron J. Markey, CDA
Dr. G. Robert Sandercock, Alberta
Dr. Richard Sandilands, CDA Executive Liaison

Management Committee: Dr. Rod Moran, President
Dr. James N. Wright, Secretary
Dr. Gilles Dubé, Treasurer

Observers: Dr. Brian Knoblauch, Saskatchewan
Dr. Eckart Schroeter, New Brunswick
Dr. Robert Sexton, Newfoundland
Dr. Andrew Thompson, Nova Scotia

Executive Vice-President: Mr. Kingsley D. Butler, C.A.

1. Council Meetings

The Board of Directors of CDSPI met as the Council on Insurance and Investment of the CDA on January 13-14, 1995 in Toronto. The Council is scheduled to meet next on April 21-22, 1995 in Toronto. Dr. William A. Glave will move to Management Committee as Secretary on January 15, 1995; Dr. Rod Moran served his last meeting as CDSPI President, and Dr. Wright will assume the presidency as of January 15, 1995.

ITEMS REQUIRING BOARD ACTION

2. CDA RSP Investment Mandates

Each fund manager of the CDA RSP is provided with Investment Mandates which they must follow in the managing of the Funds. These Mandates are like the rule book that they must follow in the management of the funds. Included in these Mandates are "benchmarks" or targets that the Managers must meet or be within, in order to be considered successful in their performance.

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

- 2 -

When we changed fund managers last year we also investigated a new monitoring system and retained the firm of Foster Higgins to assist us in that role. Part of their assignment was to review the Mandates that existed at that time and make recommendations for change/fine-tuning in order to get the best from our managers and in return, superior performance. They completed their review and met with us in December to present their proposed Mandate changes. The changes will set a higher target for the managers and make it harder for them to achieve. This should also give the Funds greater return for the management fee that is charged and hopefully a higher rating and performance level.

At the CDSPI Board meeting new Mandates were presented by Foster Higgins with the benchmark changes highlighted. Attached as **APPENDIX I** are two reports. The first, refers to the benchmark changes and the second is a revised copy of the new complete mandates after including all the changes.

APPENDIX I

The Council on Insurance and Investment recommended.

RESOLVED:

**95.42 THAT the new Investment Mandates be
 implemented.**

ADOPTED

3. CDA RSP Units in Self Directed Plans

CDSPI receives requests from CDA/Provincial dentists about being able to hold units of the CDA RSP within a member's self-directed RRSP. Also, considerable dollars have been lost from the CDA RSP by members moving out of the Plan to their own self-directed. We fully realize that there are many reasons for having a self-directed plan and that in most cases those choosing this investment style can not be persuaded to switch or remain within the CDA RSP. We felt however, that we should look at a way to retain some of that self-directed money within the CDA RSP while providing an additional service and membership benefit.

As a result, we have investigated ways to facilitate such an option and a report outlining each option available is attached as **APPENDIX II**. This report was discussed at the CDSPI Board meeting. It was agreed that the proposal might not significantly stop the outflow of money to self-directed plans, but could assist in retaining a portion of the funds while providing an additional service. Since no commissions would be paid to the member's broker it would be up to the member to work with his/her broker to make the transaction happen.

APPENDIX II

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

- 3 -

The results of the discussion led to the approval of the recommendation on the understanding that the option would not be promoted but rather available to CDSPI staff to inform those transferring out to a self-directed that this option is available. In addition, CDSPI would send a letter to all those having left the CDA RSP for a self-directed plan over the past three years informing them of this new service. The results would be monitored and CDSPI Management would evaluate the results and determine the future status of this feature.

The Council on Insurance and Investment recommended.

RESOLVED:

**95.43 THAT the CDA RSP permit units of the funds to
 be held in eligible participants' self-directed plans.**

ADOPTED

4. Travel Insurance

In late 1993 we received a letter from Carol Anne St. Laurent of the CDA, along with a proposal from a broker relating to travel insurance. We were asked to meet with the broker and investigate this as a possible member service for the CDA. Our first meeting took place with the broker on November 17, 1993.

The broker presented a product overview and concept for a national travel insurance plan and following that meeting we researched his report and the proposed insurer. As a result we presented a proposed travel insurance plan to the CDSPI Board in April of 1994. Our Board requested that we compare what was being proposed to that which is available through various provincial health and travel insurance plans to determine how competitive our proposal was. This took considerable time as we had to obtain copies of all the major plans that exist in the provinces. Once these were obtained a comparison began.

A final report was presented to the CDSPI Board on January 13, 1995. A copy is attached and indicated as APPENDIX III. CDSPI realizes that there may be, in some plans, a duplication of this type of coverage. We however feel that this should be a new plan to CDIP for a number of reasons:

APPENDIX III

1. Our recent national member survey indicated that older dentists feel that they get no benefits from CDIP because coverage is reduced and/or becomes more expensive or disappears completely as they get older. Providing this travel insurance will help to give this group some benefits.

**COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)
(ADDENDUM)**

- 4 -

2. We have had many requests for this type of coverage and feel that CDA and the provinces should respond to these by providing this added membership benefit. These enquiries come mainly from those travelling to warmer climates in the winter.
3. Provincial health care plans are continuing to cut back in all areas of coverage. There will be a need for insurance coverage to pick up these areas as they relate to travel. CDIP should be properly positioned to do so.
4. There is no intent to have this replace existing provincial Extended Health Care plans. This would be a clear message in the marketing of the plan so that provinces can see there is no conflict or intent to compete in this area. This would also eliminate any confusion that older members might have about the scope of this type of coverage.

The Council on Insurance and Investment recommended. Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

**95.44 THAT a Travel Insurance Plan underwritten by
Liberty Mutual be added to CDIP.**

ADOPTED

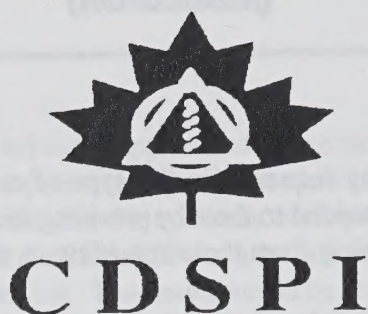
The Board of Governors notes that the 1995 Participation Agreement will require amendment prior to implementation. Co-sponsoring provinces will have the option of adding this plan to their agreement.

Respectively submitted,

James N. Wright, D.D.S., M.Sc.D.
Chairman, Council on Insurance and Investment
President, CDSPI

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Insurance and Investment.



**CANADIAN DENTAL ASSOCIATION
RSP FUND BENCHMARK
RECOMMENDED CHANGES**

Foster Higgins

CANADIAN DENTAL SERVICE PLANS INC. (CDSPI)
RSP FUND BENCHMARK RECOMMENDED CHANGES

A. Foster Higgins & Co. is pleased to provide this report on our recommended changes to certain of the Canadian Dental Association's Retirement Saving Plan (CDA RSP) mutual fund performance benchmarks and manager mandates.

For your convenience, the remainder of our report is set out as follows:

- SECTION I - EXECUTIVE SUMMARY
- SECTION II - BOND AND MORTGAGE FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE REVIEW
- SECTION III - COMMON STOCK (EQUITY) FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE REVIEW
- SECTION IV - MONEY MARKET FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE REVIEW
- SECTION V - BALANCED FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE REVIEW
- SECTION VI - AGGRESSIVE EQUITY FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE REVIEW

We look forward to reviewing this report with you.

Respectfully submitted,

A. FOSTER HIGGINS & CO.

SECTION I

EXECUTIVE SUMMARY

In the CDA RSP's May 27, 1994 annual report, fund objectives for each of the CDA's five mutual funds are briefly described. In order to achieve these objectives, the CDA's Manager Mandates for each of its mutual funds specifies permissible and non-permissible investments and strategies that the managers may use to achieve the CDA mutual funds' objectives. Performance standards that measure how successful the manager has been at satisfying the CDA's objectives have also been specified.

In this report, we have reviewed the CDA's fund objectives and also the CDA's mutual fund manager mandates and recommended certain changes. This report should thus be read in conjunction with the CDA's January 1, 1995 revised manager fund mandates and the previous manager fund mandates.

The most significant of our recommendations are briefly set out as follows:

1) **Bond and Mortgage Fund:**

- a) Mortgage-backed securities should be added as alternative investments to mortgages;
- b) Performance Standard should be revised to Composite Index without 1.5% expense reduction.

2) **Common Stock Fund:**

- a) International equities, as opposed to US equities, should be eligible fund investments and written manager mandate should be so revised.

- b) Performance Standard should be revised to Composite Index without 1.5% expense reduction.
- 3) Money Market Fund:
 - a) Performance Standard should be 3-month T-Bill with .25% expense reduction.
- 4) Balanced Fund:
 - a) Mortgage-backed securities should be added as alternative investments to mortgages;
 - b) Performance Standard should be revised to Composite Index without 1.5% expense reduction.
- 5) Aggressive Equity Fund:
 - a) Performance Standard should be revised to Composite Index without 1.5% expense reduction;
 - b) US equities, as opposed to international equities, should be eligible fund investments and manager mandate should be so revised.

SECTION II

CDA RSP BOND AND MORTGAGE FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE RECOMMENDED REVISIONS

According to the May 27, 1994 CDA RSP annual report, the primary objective of the CDA Bond and Mortgage Fund is "to provide security of capital and the ability to earn a high income. Funds are invested in a mix of mid to long term Canada Government, provincial and corporate bonds, with maturities ranging from 1996 to 2022." The CDA's mandate for the Bond and Mortgage Fund manager sets out guidelines for the fund manager to achieve this objective.

We have reviewed the CDA's objective for the Bond and Mortgage Fund and the CDA's mandate for the Bond and Mortgage Fund manager and we have the following recommendations:

I. General Fund Manager Mandate Comments:

It is important to note that the results a bond and mortgage fund manager achieves must be monitored in relation to the fund manager's investment mandate. In particular, the CDA bond and mortgage fund manager's mandate specifies that a high quality portfolio of investment-grade securities be held. Given this mandate, it may be expected that the CDA's bond and mortgage portfolio will yield less over time than funds allowing lesser grade or non-investment grade securities be held. However, the CDA's bond and mortgage fund may be expected to enjoy more steady quarter-to-quarter and year-to-year performance than other such bond funds.

The current CDA Bond and Mortgage Fund Manager mandate ranking on a risk-return spectrum is consistent with the fixed income position assumed by the majority of private registered pension plan sponsors in Canada. If the CDA wishes, it may modify its bond and mortgage mandate to a more aggressive or less aggressive

position by appropriately revising the fund manager mandate including the fund's diversification and quality standards. Where the CDA wishes to place itself on this spectrum is not a question of being correct or incorrect but rather a question of the CDA having a policy with which it is most comfortable.

II. *Bond and Mortgage Fund Manager Mandate Recommended Changes:*

A) Section I - General - No Comments

B) Section II - Discretion Range - No Comments

C) Section III - Diversification and Quality Standards:

1) Bonds, Debentures and Mortgages:

a) Point #3 should be modified to "The Portfolio may include mortgages or mortgage-backed securities...";

b) Point #5 should be modified to "Up to 20% of the bond portfolio at book value may be invested in securities issued by non-Canadian issuers. Up to 20% of the total bond portfolio may be denominated for payment in non-Canadian currency.";

2) Cash and Cash Equivalents - No Comments

D) Section IV - Performance Standards:

1) Composite Index return should be calculated including 10% of the return on the Scotia McLeod Composite Mortgage Backed Securities in place of 10% return on the Scotia McLeod Mortgage Index;

2) We recommend that the primary net unit value performance standard on which the bond and mortgage fund manager be judged is the Composite Index return as modified without 1.5% expense reduction. The reasons for not applying the 1.5% reduction to Composite Index returns to arrive at the manager's performance benchmark is derived as follows:

- a) actual investment manager and CDSPI administration fees combined are approximately 0.9% p.a.;
- b) we estimate that investment management fees and CDSPI administration fees are approximately evenly split;
- c) we believe the investment manager should be expected to return on a gross basis at least twice his/her fees above a particular bond and mortgage index in order to justify their active management. In this way, CDA unit holders (and not just the investment manager) are rewarded for incurring active fixed income management;
- d) therefore, the return the investment manager should be expected to achieve is Composite Index +1% before all expenses or, simply, the Composite Index after all expenses.

3) We recommend that the manager's ranking in measurement surveys be monitored, but that the manager's ranking should be a secondary performance standard. Instead, if a manager is meeting his/her performance standard but ranks low in a survey universe, it may indicate that additional investment categories (generally entailing additional risk) may have to be taken on by the fund to increase returns.

4) Tolerance Range - No Comments

E) Section V - Additional Manager Responsibilities - No Comments

SECTION III
CDA RSP COMMON STOCK (EQUITY) PERFORMANCE BENCHMARK
AND MANAGER MANDATE RECOMMENDED REVISIONS

According to the May 27, 1994 CDA RSP annual report, the primary objective of the CDA Common Stock Fund is "to provide longer term growth in capital ... with a well diversified portfolio of common shares which are participating in growing areas of the economy." The CDA's mandate for the Common Stock (Equity) Fund Manager sets out guidelines for the fund manager to achieve this objective.

We have reviewed the CDA's objective for the Common Stock Fund and the CDA's mandate for the Common Stock (Equity) Fund Manager and we have the following recommendations:

I. General Fund Manager Mandate Comments:

It is important to note that the results an equity fund manager achieves must be monitored in relation to the fund manager's investment mandate. In particular, the CDA equity fund manager's mandate specifies that a larger capitalization stock portfolio be held and no more than 30% of the portfolio be in cash. Given this mandate, it may be expected that the CDA's equity portfolio will yield less over time than funds allowing smaller capitalization securities in them or funds which allow the fund manager to take larger cash positions (if deemed appropriate). However, the CDA's equity fund may be expected to enjoy more steady quarter-to-quarter and year-to-year performance than other such equity funds.

The current CDA equity fund manager's mandate ranking on a risk-return spectrum is consistent with the equity position assumed by the majority of private registered pension plan sponsored in Canada. If the CDA wishes, it may modify its equity mandate to a more aggressive or less aggressive position by appropriately revising the fund manager mandate including its diversification and quality standards.

II. Common Stock (Equity) Fund Manager Mandate Recommended Revisions:

A) Section I - General - No Comments

B) Section II - Discretion Range:

1. The equity manager's mandate (at April 20, 1994, and November 26, 1992) states that the investment manager "shall invest the assets under his control in an equity-oriented portfolio of Canadian and U.S. securities...". Because the equity fund's performance standard was changed at January 1, 1993 from 10% of S&P 500 returns to 18% of MSCI World returns, the reference to "U.S. securities" in the manager's mandate should be changed to "international securities" with effect from January 1, 1993.
2. Non-Canadian Equity maximum should be increased to 25% of portfolio market value (provided foreign holdings conform to 20% of book value Income Tax Act requirements) to permit maximum usage of Income Tax Act foreign holdings allowance.

C) Section III - Diversification and Quality Standards:

1. Risk level is defined relative to the TSE 300 Index. As described in the equity manager's mandate, risk is measured in terms of equity portfolio return variances from TSE 300 returns. We believe it is more appropriate to measure risk in terms of the benchmark portfolio, as is done for the Balanced fund. Therefore, we recommend risk be defined relative to the benchmark portfolio.

D) Section IV - Performance Standards:

1. We recommend that the primary net unit value performance standard on which the equity manager be judged is the Composite Index as defined without 1.5% expense reduction. The reason for not applying the 1.5% reduction to Composite Index returns to arrive at the manager's performance benchmark is derived as follows:

- a) actual investment manager and CDSPI administration fees combined are approximately 0.9% p.a.;
- b) we estimate that investment management fees and CDSPI administration fees are approximately evenly split;
- c) we believe the investment manager should be expected to return on a gross basis at least twice his/her fees above a particular equity index in order to justify their active equity management. In this way CDA unit holders (and not just the investment manager) are rewarded for incurring active equity management;
- d) therefore, the return the investment manager should be expected to achieve is the Composite Index +1% before all expenses or, simply, the Composite Index after all expenses.

2. We recommend the manager's ranking in measurement surveys be monitored, but that the manager's ranking should be a secondary performance standard. Instead, if a manager is meeting his/her performance standard but ranks low in a survey universe, it may indicate that additional investment categories (generally entailing additional risk) may have to be taken on by the fund to increase returns.

3. Tolerance Range - No Comments

E) Section V - Additional Manager Responsibilities - No Comments

SECTION IV

CDA RSP MONEY MARKET PERFORMANCE BENCHMARK AND MANAGER MANDATE RECOMMENDED REVISIONS

According to the May 27, 1994 CDA RSP annual report, the primary objective of the CDA Money Market Fund is "to provide safety of capital with a reasonable level of current income". The CDA's mandate for the Money Market Fund Manager sets out guidelines for the fund manager to achieve this objective.

We have reviewed the CDA's objective for the Money Market Fund and the CDA's mandate for the Money Market Fund Manager and we have the following recommendations:

I. General - No Comments

II. Money Market Fund Manager Mandate Comments

- A) Section I - General - No Comments
- B) Section II - Discretion Range - No Comments
- C) Section III - Diversification and Quality Standards - No Comments
- D) Section IV - Performance Standards
 - 1) We recommend that the primary net unit value performance standard on which the money market manager should be judged is 3-month Treasury Bills with .25% expense reduction. The reasons we recommend this performance target are as follows:

- a) actual investment manager and CDSPI administration fees are approximately 0.5% p.a.;
 - b) we believe the investment manager should be expected to return on a gross basis at least his/her fees above a 3-month fixed income index. In short term funds, it is difficult to expect the manager to achieve more;
 - c) therefore, the return the investment manager should be expected to achieve is Composite Index +.25% before all expenses or, simply, the Composite Index less .25% after all expenses.
- 2) We recommend that the manager's ranking in measurement surveys be monitored, but that the manager's ranking should be a secondary performance standard.
 - 3) Tolerance Range

Tolerance range should be 0.5% p.a. up to 3 years; 0.25% p.a. after 3 years.

E) Section V - Additional Manager Responsibilities

- 1) The following should be inserted after the first paragraph:

"The Manager should submit a statement of investment philosophy, indicating the primary factors expected to guide the placement of funds in various categories, or themes of investment; and the areas in which particular emphasis will be laid in adding value through active management."

SECTION V

CDA RSP BALANCED FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE RECOMMENDED REVISIONS

According to the May 27, 1994 CDA RSP annual report, the primary objective of the CDA Balanced Fund is "to provide not only capital growth, but also a level of income with lower volatility overall than a pure stock fund". The CDA's mandate for the Balanced Fund manager sets out guidelines for the fund manager to achieve this objective.

We have reviewed the CDA's objective for the balanced fund and the CDA's mandate for the Balanced Fund Manager and we have the following recommendations:

I. General Fund Manager Mandate Comments

It is important to note that the results a balanced fund manager achieves must be monitored in relation to the fund manager's investment mandate. In particular, the CDA balanced fund manager's mandate specifies that a larger capitalization stock portfolio be held along with a sizeable fixed income portfolio. Given this mandate, it may be expected that the CDA's balanced portfolio may be expected to yield less over time than funds allowing the manager to take larger equity positions, hold more aggressive equities or take larger cash positions if deemed appropriate. However, the CDA's balanced fund may be expected to enjoy more steady quarter-to-quarter and year-to-year performance than other such balanced funds.

The current CDA balanced fund manager's mandate ranking on a risk-return spectrum is consistent with the balanced fund position (or very slightly tilted towards fixed income - i.e. Safety) assumed by the majority of private registered pension plan sponsors in Canada. If the CDA wishes, it may modify its balanced fund mandate to a more aggressive or less aggressive position by appropriately revising the fund manager mandate including its diversification and quality standards. Where the CDA

wishes to place itself on this spectrum is not a question of being correct or incorrect, but rather a question of the CDA having a policy position with which it is most comfortable.

II. *Balanced Fund Manager Mandate Recommended Revisions:*

A) Section I - General - No Comments

B) Section II - Discretion Range:

- 1) Foreign equity maximum should be increased to 25% of portfolio market value (provided foreign holdings conform to 20% of book value Income Tax Act requirements) to permit maximum usage of Income Tax Act foreign holdings allowance.
- 2) Mortgage-backed securities should be added as alternative investments to mortgages. Pure mortgage and mortgage pools are increasingly becoming more difficult for managers to acquire.

C) Section III - Diversification and Quality Standards:

1) Equities

- a) Revisions to points 2) and 5) to conform with April 20, 1994 Equity Mandate revisions.

2) Bonds, Debentures and Mortgages

- a) Point #5 should be modified to up to 20% of the total bond portfolio may be denominated for payment in non-Canadian currency."
- c) the duration of the portfolio should be maintained within a range of $\pm 50\%$ of the duration of the Scotia McLeod Universe Bond Index.

3) Cash and Cash Equivalents - No Comments

4) Risk Level - No Comments

D) Section IV - Performance Standards:

- 1) Composite Index return should be calculated including 10% of the return on the Scotia McLeod Composite Mortgage-Backed Securities Index in place of 10% of the return on the Scotia McLeod Mortgage Index.
- 2) We recommend that the primary net unit value performance standard on which the balanced fund manager should be judged is the Composite Index as modified without 1.5% expense reduction. The reasons for not applying the 1.5% reduction to Composite Index returns to arrive at the manager's performance benchmark is derived as follows:
 - a) actual investment manager and CDSPI administration fees combined are approximately 0.9% p.a.;

- b) we estimate that investment management fees and CDSPI administration fees are approximately evenly split;
 - c) we believe the investment manager should be expected to return on a gross basis at least twice his/her fees above a particular balanced fund index in order to justify their active management. In this way, CDA unit holders (and not just the investment manager) are rewarded for incurring active balanced fund management.
 - d) therefore, the return the investment manager should be expected to achieve is the Composite Index +1% before all expenses or, simply, the Composite Index after all expenses.
- 3) We recommend that the manager's ranking in measurement surveys be monitored, but that the manager's ranking should be a secondary performance standard. Instead, if a manager is meeting his/her performance standard but ranks low in a survey universe, it may indicate that additional investment categories (generally entailing additional risk) may have to be taken on by the fund to increase returns.
- 4) Tolerance Range - No Comments

E) Section V - Additional Manager Responsibilities - No Comments

SECTION VI

CDA RSP AGGRESSIVE EQUITY FUND PERFORMANCE BENCHMARK AND MANAGER MANDATE RECOMMENDED REVISIONS

According to the May 27, 1994 CDA RSP report, the primary objective of the CDA Aggressive Equity Fund is "to provide high returns through investments in "up and coming" companies in growth sectors". The CDA's mandate for the Aggressive Equity Fund Manager sets out guidelines for the fund manager to achieve this objective.

We have reviewed the CDA's mandate for the Aggressive Equity Fund Manager and we have the following recommendations:

I. General Fund Manager Mandate Comments

It is important to note that the results an aggressive equity fund manager achieves must be monitored in relation to the fund manager's investment mandate. In particular, the CDA aggressive equity fund manager's mandate specifies that a small capitalization portfolio be held and no more than 30% of the portfolio be in cash.

Relative to private registered pension plan sponsors in Canada, only a minority of sponsors have an "aggressive" equity allocation. Moreover, for those that do, the "aggressive" equity allocation would be limited to no more than approximately 10% of the fund.

Although the CDA if it wishes may modify the aggressive equity fund's mandate to a more or less aggressive position, we believe it is probably more important that CDA unitholders understand that the aggressive equity fund should be held along with other (less aggressive) CDA funds and that investing in the aggressive equity fund is a longer-term proposition.

II. Aggressive Equity Fund Manager Mandate Recommended Revisions

A) Section I - General - No Comments

B) Section II - Discretion Range

- 1) Non-Canadian stock maximum should be increased to 25% of portfolio market value (provided foreign holdings conform to 20% of book value Income Tax Act requirements) to permit maximum usage of Income Tax Act foreign holdings allowance.

C) Section III - Diversification and Quality Standards:

1) Equities

- a) Point #2(a), where small cap stocks are defined as those with market capitalization of less than \$250 million, is probably too low for US small cap purposes.
- b) Point #2(b) should be modified to "other non-small capitalization stocks as determined by the manager."
- c) The last sentence from Point #3 should be deleted and set out as a separate point.
- d) ", or ¼ % in the case of small capitalization stocks" should be deleted from point #5.

2) Cash and Cash Equivalents - No Comments

3) Risk Level - No Comments

D) Section IV - Performance Standards

1) We recommend that the primary net unit value performance standard on which the aggressive equity fund manager be judged is the Composite Index as defined without 1.5% expense reduction. The reason for not applying the 1.5% reduction to Composite Index returns to arrive at the manager's performance benchmark is derived as follows:

- a) actual investment manager and CDSPI administration fees combined are approximately 0.9% p.a.;
- b) we estimate that investment management fees and CDSPI administration fees are approximately evenly split;
- c) we believe the investment manager should be expected to return on a gross basis at least twice his/her fees above a particular balanced fund index in order to justify their active management. In this way, CDA unit holders (and not just the investment manager) are rewarded for incurring active equity management;
- d) therefore, the return the investment manager should be expected to achieve is the Composite Index +1% before all expenses or, simply, the Composite Index after all expenses.

2) Until the Aggressive Equity Fund reaches approximately \$10 million, Altamira has indicated that it will not acquire U.S. small capitalization exposure. The CDSPI would prefer Altamira to acquire U.S. small capitalization before this date. Until this issue is resolved between

Altamira and the CDSPI, we recommend that the Aggressive Fund Composite Index be calculated using 95% of the Wood Gundy Small Capitalization Index and 5% of 91-day treasury bill return.

- 3) We recommend that the manager's ranking in measurement surveys be monitored, but that the manager's ranking should be a secondary performance standard. Instead, if a manager is meeting his/her performance standard but ranks low in a survey universe, it may indicate that additional investment categories (generally entailing additional risk) may have to be taken on by the fund to increase returns.

- 4) Tolerance Range - No Comments

E) Section V - Additional Manager Responsibilities

- 1) The following should be inserted before the first paragraph:

"If a market valuation of investment is not available, the Manager shall provide at least monthly an estimate of fair value which may be determined by comparison with similar assets which are publicly traded, by reference to an independent expert appraisal or by other means such as risk-adjusted discounted cash flows. In all cases a reasonable methodology should be applied consistently over time."

CANADIAN DENTAL ASSOCIATION MANDATE FOR THE BOND AND MORTGAGE FUND MANAGER

EFFECTIVE DATE: NOVEMBER 26, 1992

Revised: Effective January 1, 1995

Section I - General

In respect of all funds allocated by the Canadian Dental Association for investment by the Manager, the following general principles apply:

- (a) investment decisions shall be made without distinction between principal and income, and viewing the realization of gains or losses only in terms of the investment factors involved;
- (b) selection of investments shall be made only in the context of the portfolio managed by the Manager, without undue risk of loss or impairment and with a reasonable expectation of fair return or appreciation given the nature of the investment;
- (c) the Manager shall not engage in any transaction that would jeopardize the tax exempt status of the Fund or its eligibility as a registered retirement savings plan.

Section II - Discretion Range

The Manager shall invest the assets under his control in a diversified portfolio of fixed income securities within the following range of investment discretion:

Asset Class	% of Market Value	
	Normal	Range
Bond, debentures and mortgages	95%	70% - 100%
Cash and Cash Equivalents	5%	0% - 30%

Risk Level

The duration of the portfolio shall be maintained within a range of $\pm 50\%$ of the duration of the SctoiaMcLeod Universe Bond Index.

Section III - Diversification and Quality Standards
(Market Values)

All standards are to be interpreted as percentages of the total fixed income portfolio, using market values.

Bonds, Debentures and Mortgages

1. Not more than 10% of the bond portfolio shall be invested in the debt issues of any issuer, except for securities of or-fully guaranteed by the Government of Canada or any province of Canada.
2. Quality standards for fixed income investments shall be as follows:

Credit Rating*	Maximum % of Fixed Income Portfolio
below BBB	0%
BBB	20%
A or below	50%

*Split rated debt shall be classified in the lowest rating of the major credit rating agencies.

3. The portfolio may include mortgages or mortgage-backed securities provided that:
 - not more than 25% and not less than 5% of the portfolio shall be invested in mortgages or mortgage-backed securities:
 - not more than 5% of the portfolio shall be invested in mortgages on a single property, and
 - the mortgage investment, in the opinion of the Manager, meet the above quality constraints.

4. Up to 10% of the portfolio may be invested in private placements, provided that these, in the opinion of the Manager, meet the above quality constraints.
5. Up to 20% of the portfolio at book value may be invested in securities of non-Canadian issuers. Up to 20% of the bond portfolio may be denominated for payment in non-Canadian currency.

Cash and Cash Equivalents

1. Any short term portion of the portfolio shall be invested in the following:
 - (a) cash;
 - (b) readily liquidated securities maturing within one year; or
 - (c) money market securities with a term to interest rate re-establishment of 6 months or less but a term to maturity which may exceed one year, for up to 20% of the short term portion.
2. All investments shall be rated R-1, or equivalent.

Section IV - Performance Standards

The return on the fund will be compared with the composite return on the "normal" allocation ("Benchmark"), calculated quarterly as set out below:

- 85% of the return on the ScotiaMcLeod Universe Bond Index, plus
- 10% of the return on the ScotiaMcLeod Composite MBS Index (10% of the return on the ScotiaMcLeod Mortgage Index prior to January 1, 1995), plus
- 5% of the return on 91-day Treasury Bills.

Over moving 5-year periods, the Manager will be expected to meet the Benchmark performance standard calculated on the Fund's net unit values.

The Fund's net unit value returns will also be compared with the range of fixed income fund results in a representative sample of RRSP-eligible mutual funds. As a secondary objective, the Fund's net unit value returns over moving 5-year periods shall be expected to rank above a 33rd percentile ranking in a measurement service.

Tolerance Range

The Manager need not be faulted for underperforming the total portfolio standard over short periods. On the other hand, significant short-term underperformance may make it unlikely that the full period objective will be achieved. The primary focus of performance measurement will therefore be on a moving five-year average result, but performance over a variety of time intervals will also be evaluated using the following structure:

Period	Minimum Annualized Return: Standard Less
1 Year	3.0 percentage points of return
2 Years	2.0 percentage points of return
3 Years	1.5 percentage points of return
4 Years	1.0 percentage points of return
5 Years or more	0.5 percentage points of return

Results below the minimum, or consistently below the standard, will require detailed explanation by the Manager.

Section V - Additional Manager Responsibilities

If a market valuation of an investment is not available, the Manager shall provide at least monthly an estimate of fair value, which may be determined by comparison with similar assets which are publicly traded, by reference to an independent expert appraisal or by other means such as risk-adjusted discounted cash flows. In all cases a reasonable methodology should be applied consistently over time.

The Manager must submit a statement of investment philosophy, indicating the primary factors expected to guide the placement of funds in various categories, or themes of investment; and the areas in which particular emphasis will be laid in adding value through active management.

If at any time the Manager feels that performance standards cannot be met, or that these guidelines or the overall investment policy inhibit fulfilment of fiduciary duties or inappropriately restrict performance, the Manager will so notify the Association in writing.

At quarterly intervals, the Manager shall submit a letter of compliance to the Association, detailing and explaining any investment guideline contained in the Policy statement or in this mandate which has been breached. The Manager shall request approval from the Association or any variation, except for an inadvertent variation which is corrected within the following quarter.

CANADIAN DENTAL ASSOCIATION MANDATE FOR THE COMMON STOCK (EQUITY) FUND MANAGER

EFFECTIVE DATE: APRIL 20, 1994

Revised: Effective January 1, 1995

Section I - General

In respect of all funds allocated by the Canadian Dental Association for investment by the Manager, the following general principles apply:

- (a) investment decisions shall be made without distinction between principal and income, and viewing the realization of gains or losses only in terms of the investment factors involved;
- (b) selection of investments shall be made in the context of the portfolio managed by the Manager, without undue risk of loss or impairment and with a reasonable expectation of fair return or appreciation given the nature of the investment;
- (c) the Manager shall not engage in any transaction that would jeopardize the tax exempt status of the Fund or its eligibility as a vehicle for registered retirement saving plans.

Section II - Discretion Range

The Manager shall invest the assets under his control in an equity-oriented portfolio of Canadian and international securities within the following range of investment discretion:

Asset Class	% of Market Value	
	Normal	Range
Canadian Equities (including preferreds and convertibles)	77%	60% - 100%
Non-Canadian Equities (including preferreds and convertibles)	18%	0% - 25%*
Cash and Cash Equivalents	5%	0% - 30%

* or maximum allowable under Income Tax Act, if lesser

Section III- Diversification and Quality Standards (Market Values)

Equities

1. At least 90% of the investments shall be in publicly traded securities. Up to 10% of the portfolio may be held in private placements, but each such holding shall not exceed 4% of the portfolio.
2. Not more than 20% of the portfolio shall be held in small capitalization stocks, defined as those with market capitalization (including closely-held shares) of less than \$200 million. No part of the portfolio shall be held in securities with a market capitalization of less than \$30 million. Each holding of a small stock issue shall not exceed 4% of the portfolio.
3. Not more than 10% of the portfolio shall be invested in the common stock, preferred shares or other equity issues of any one corporation.
4. Except during periods of liquidation or accumulation, each investment holding should normally constitute at least $\frac{1}{2}$ % of the total portfolio, or $\frac{1}{4}$ % in the case of small capitalization stocks.
5. For Canadian equities, holdings in any one industry sector, as broadly classified by the TSE Index, shall not exceed as a percentage of the Canadian equity portfolio the greater of:
 - (a) three times the percentage weighting in the Index, or
 - b) 10% of the portfolio
6. Call options may be written on up to 10% of existing Canadian equity holdings at any time.

Cash and Cash Equivalents

1. Any short term portion of the portfolio shall be held in cash, or invested in readily liquidated securities maturing within one year, or for up to 20% of the short term portion, invested in money market securities with a term to interest rate re-establishment of 6 months or less but a term to maturity which may exceed one year.
2. All investments shall be rated R-1, or equivalent.

RISK LEVEL

It is anticipated that, relative to the equity fund Benchmark, the portfolio will result in a historical beta level within a range of 0.85 to 1.15, and an R-squared above 0.80, measured using historical returns over at least 20 quarters.

Section IV - Performance Standards

The return on the portfolio will be compared with the composite return on the "normal" allocation, ("Benchmark Index"), calculated quarterly as set out below:

Benchmark

- 77% of return on TSE 300 Index including dividends, plus
- 18% of return on Morgan Stanley Capital International World Index including dividends (in Canadian dollars and after non-recoverable withholding taxes), plus
- 5% of return on 91-day Treasury Bills

Over completed cycles in the Canadian equity market (normally taken as 20 quarters), the Manager will be expected to meet the Benchmark performance standard on the Fund's net unit values.

The Funds's net unit value returns will also be compared with the range of equity fund results, including cash, in a representative sample of RRSP eligible mutual funds, excluding specialty or high risk funds. As a secondary objective, the Fund's net unit value return over completed cycles in the Canadian equity market (normally taken as 20 quarters) shall be expected to rank above a 33rd percentile ranking in a measurement service.

TOLERANCE RANGE

The Manager need not be faulted for underperforming the total standard over short periods. On the other hand, significant short-term underperformance may make it unlikely that the full period objective will be achieved. The primary focus of performance measurement will therefore be on a moving five-year average result, but performance over a variety of time intervals will also be evaluated using the following structure:

Period	Minimum Annualized Return: Standard Less
1 Year	6.0 percentage points of return
2 Years	4.0 percentage points of return
3 Years	2.5 percentage points of return
4 Years	1.5 percentage points of return
5 Years or more	0.5 percentage points of return

Results below the minimum, or consistently below the standard, will require detailed explanation by the Manager.

Section V - Additional Manager Responsibilities

If a market valuation of an investment is not available, the Manager shall provide at least monthly an estimate of fair value, which may be determined by comparison with similar assets which are publicly traded, by reference to an independent expert appraisal or by other means such as risk-adjusted discounted cash flows. In all cases a reasonable methodology should be applied consistently over time.

The Manager must submit a statement of investment philosophy, indicating the primary factors guiding the placement of funds in various categories, or themes of investment; and the areas in which particular emphasis will be laid in adding value through active management.

If at any time the Manager feels that performance standards cannot be met, or that these guidelines inhibit fulfilment of fiduciary duties or inappropriately restrict performance, the Manager will so notify the Association in writing.

At quarterly intervals, the Manager shall submit a letter of compliance to the Association, detailing and explaining any investment guideline contained in this mandate which has been breached. The Manager shall request approval from the Association for any variation, except for an inadvertent variation which is corrected within the following quarter.

CANADIAN DENTAL ASSOCIATION MANDATE FOR THE MONEY MARKET FUND MANAGER

EFFECTIVE DATE: NOVEMBER 26, 1992

Revised: Effective January 1, 1995

Section I - General

In respect of all funds allocated by the Canadian Dental Association for investment by the Manager, the following general principles apply:

- (a) investment decisions shall be made without distinction between principal and income, and viewing the realization of gains or losses only in terms of the investment factors involved;
- (b) selection of investments shall be made only in the context of the portfolio managed by the Manager, without undue risk of loss or impairment and with a reasonable expectation of fair return or appreciation given the nature of the investment;
- (c) the Manager shall not engage in any transaction that would jeopardize the tax exempt status of the Fund or its eligibility as a registered retirement savings plan.

Section II - Discretion Range

The Manager shall invest the assets under his control in the following:

- (a) cash;
- (b) readily liquidated securities maturing within one year; or
- (c) money market securities with a term to interest rate re-establishment of 6 months or less but a term to maturity which may exceed one year, for up to 20% of the fund.

**Section III - Diversification and Quality Standards
(Market Value)**

1. Not more than 10% of the portfolio shall be invested in the debt issues of any one issuer, except for securities of or fully guaranteed by the Government of Canada or any province of Canada. This guideline does not apply to deposits with a bank, trust company or similar financial institution to the extent that the deposits are fully insured.
2. All investments shall be rated R-1, or equivalent, and in the case of bonds, debentures and notes maturing within one year, rated single A or better.
3. No part of the portfolio shall be denominated for payment in non-Canadian currency, except where covered by foreign hedging.
4. At least 80% of the portfolio shall be held in readily liquidated securities.

Section IV - Performance Standards

The return on the portfolio will also be compared with the return on 91-day Treasury Bills.

Over moving 5-year periods, the Manager will be expected to meet the return on 91-day Treasury Bills less .25% calculated on the Fund's net unit values.

The Fund's net unit value returns will also be compared with the range of money market fund results in a representative sample of RRSP-eligible mutual funds. As a secondary objective, the Fund's net unit value returns over moving 5-year periods shall be expected to rank above a 33rd percentile ranking in a measurement service.

Tolerance Range

The Manager need not be faulted for underperforming the total portfolio standard over short periods. On the other hand, significant short-term underperformance may make it unlikely that the full period objective will be achieved. The primary focus of performance measurement will therefore be on a moving five-year average result, but performance over a variety of time intervals will also be evaluated using performance standards above, within a tolerance of 0.5% p.a. over 3 or fewer years and .25% after 3 years.

Section V - Additional Manager Responsibilities

If a market valuation of an investment is not available, the Manager shall provide at least monthly an estimate of fair value, which may be determined by comparison with similar assets which are publicly traded, by reference to an independent expert appraisal or by other means such as risk-adjusted discounted cash flows. In all cases a reasonable methodology should be applied consistently over time.

The Manager must submit a statement of investment philosophy, indicating the primary factors expected to guide the placement of funds in various categories or themes of investment; and the areas in which particular emphasis will be laid in adding value through active management.

If at any time the Manager feels that performance standards cannot be met, or that these guidelines or the overall investment policy inhibit fulfilment of fiduciary duties or inappropriately restrict performance, the Manager will so notify the Association in writing.

At quarterly intervals, the Manager shall submit a letter of compliance to the Association, detailing and explaining any investment guideline contained in the Policy statement or in this mandate which has been breached. The Manager shall request approval from the Association or any variation, except for an inadvertent variation which is corrected within the following quarter.

CANADIAN DENTAL ASSOCIATION

MANDATE FOR THE BALANCED FUND MANAGER

Revised: Effective January 1, 1995

Section I - General

In respect of all funds allocated by the Canadian Dental Association for investment by the Manager, the following general principles apply:

- (a) investment decisions shall be made without distinction between principal and income, and viewing the realization of gains or losses only in terms of the investment factors involved;
- (b) selection of investments shall be made only in the context of the portfolio managed by the Manager, without undue risk of loss or impairment and with a reasonable expectation of fair return or appreciation given the nature of the investment;
- (c) the Manager shall not engage in any transaction that would jeopardize the tax exempt status of the Fund or its eligibility as a registered retirement savings plan.

Section II - Discretion Range

The Manager shall invest the assets under his control in a diversified portfolio of securities within the following range of investment discretion:

Asset Class	% of Market Value	
	Normal	Range
Canadian equities (including preferred & convertibles)	27%	15 - 45%
Foreign equities (including preferred & convertibles)	18%	0% - 25%*
Bonds	40%	35% - 75%
Mortgages or mortgage backed securities	10%	0% - 20%
Cash and cash equivalents	5%	0% - 25%

* or maximum allowable under income Tax Act, if lesser.

**Section III - Diversification and Quality Standards
(Market Values)**

The following standards apply in full if the account is individually managed. It is recognized that the standards are not enforceable by the Association under a policy of investment in pooled funds. Nevertheless, a pooled fund manager is expected to advise the Association if the composition of the pooled fund is likely to conflict materially with the standards.

Equities

1. All investments shall be publicly traded securities.
2. Not more than 20% of the equity portfolio shall be held in small capitalization stocks, defined as those with market capitalization (including closely-held shares) of less than \$200 million. No part of the portfolio shall be held in securities with a market capitalization of less than \$30 million. Each holding of a small stock issue shall not exceed 4% of the equity portfolio.
3. Not more than 10% of the equity portfolio shall be invested in the common stock, preferred shares or other equity issues of any one corporation.
4. Except during periods of liquidation or accumulation, each investment holding should normally constitute at least $\frac{1}{2}\%$ of the equity portfolio, or $\frac{1}{4}\%$ in the case of small capitalization stocks.
5. For Canadian equities, holdings in any one industry sector as broadly classified by the TSE 300 Index, shall not exceed as a percentage of the Canadian equity portfolio the greater of:
 - (a) Three times the percentage weighting in the Index, or
 - (b) 10% of the portfolio
6. Call options may be written on up to 10% of existing Canadian equity holdings at any time.

Bonds, Debentures and Mortgages

1. Not more than 10% of the bond portfolio shall be invested in the debt issues of any issuer, except for securities of or fully guaranteed by the Government of Canada or any province of Canada.
2. Quality standards for fixed income investments shall be as follows:

<i>Credit Rating*</i>	<i>Maximum % of Fixed Income Portfolio</i>
below BBB	0%
BBB	20%
A or below	50%

* Split rated debt shall be classified in the lowest rating of the major credit rating agencies.

3. The portfolio may include mortgages provided that not more than 2.5% of the total portfolio shall be invested in mortgages on a single property and that the mortgages, in the opinion of the Manager, meet the above quality constraints.
4. Up to 10% of the bond portfolio may be invested in private placements, provided that these, in the opinion of the Manager, meet the above quality constraints.
5. Up to 20% of the bond portfolio may be denominated in non-Canadian currency.
6. The duration of the bond and mortgage/MBS portfolio shall be maintained within a range of $\pm 50\%$ of the duration of the Scotia McLeod Universe Bond Index.

Cash and Cash Equivalents

1. Any short term portion of the portfolio shall be invested in the following:
 - (a) cash;
 - (b) readily liquidated securities maturing within one year; or
 - (c) money market securities with a term to interest rate re-establishment of 6 months or less but a term to maturity which may exceed one year, for up to 20% of the short term portion.
2. All investments shall be rated R-1, or equivalent.

Risk Level

It is anticipated that, relative to the Composite Index defined in this mandate, the portfolio will maintain a beta level within a range of 0.85 to 1.15, and an R-squared above 0.85, measured using historical returns over at least 20 quarters.

Section IV - Performance Standards

The return on the fund will be compared with the composite return on the "normal" allocation ("Benchmark Index"), calculated quarterly as set out below:

- 27% (35% prior to January 1, 1993) of the return on the TSE 300 Index including dividends, plus
- 18% (10% of the return on the S&P 500 prior to January 1, 1993) of the Morgan Stanley Capital International World Index (in C\$ and after non recoverable withholding taxes), plus
- 40% of the return on the ScotiaMcLeod Universe Bond Index, plus
- 10% of the return on the ScotiaMcLeod Composite MBS Index (10% of the return on the ScotiaMcLeod Mortgage Index prior to January 1, 1995), plus
- 5% of the return on 91-day Treasury Bills.

Over completed cycles in the Canadian market (normally taken as 20 quarters), the Manager will be expected to meet the Benchmark performance standard calculated on the Fund's net unit values.

The Fund's net unit value returns will also be compared with the range of "diversified" or "balanced" fund results in a representative sample of RRSP-eligible mutual funds. As a secondary objective, the Fund's net unit value return over completed cycles in the Canadian market (normally taken as 20 quarters) shall be expected to rank above a 33rd percentile ranking in a measurement service.

Tolerance Range

The Manager need not be faulted for underperforming the total portfolio standard over short periods. On the other hand, significant short-term underperformance may make it unlikely that the full period objective will be achieved. The primary focus of performance measurement will therefore be on a moving five-year average result, but performance over a variety of time intervals will also be evaluated using the following structure:

<i>Period</i>	<i>Minimum Annualized Return:</i>
<i>Standard Less</i>	
1 year	5.0 percentage points of return
2 years	3.5 percentage points of return
3 years	2.2 percentage points of return
4 years	1.3 percentage points of return
5 years or more	0.5 percentage points of return

Results below the minimum, or consistently below the primary measurement standard, will require detailed explanation by the Manager.

Section V - Additional Manager Responsibilities

If a market valuation of an investment is not available, the Manager shall provide at least monthly an estimate of fair value, which may be determined by comparison with similar assets which are publicly traded, by reference to an independent expert appraisal or by other means such as risk-adjusted discounted cash flows. In all cases a reasonable methodology should be applied consistently over time.

The Manager must submit a statement of investment philosophy, indicating the primary factors expected to guide the placement of funds in various categories, or themes of investment; and the areas in which particular emphasis will be laid in adding value through active management.

If at any time the Manager feels that performance standards cannot be met, or that these guidelines or the overall investment policy inhibit fulfilment of fiduciary duties or inappropriately restrict performance, the Manager will so notify the Association in writing.

At quarterly intervals, the Manager shall submit a letter of compliance to the Association detailing and explaining any investment guideline contained in the Policy statement or in this mandate which has been breached. The Manager shall request approval from the Association for any variation, except for an inadvertent variation which is corrected within the following quarter.

CANADIAN DENTAL ASSOCIATION MANDATE FOR AGGRESSIVE EQUITY FUND MANAGER

EFFECTIVE DATE: APRIL 20, 1994

Revised: Effective January 1, 1995

Section I - General

In respect of all funds allocated by the Canadian Dental Association for investment by the Manager, the following general principles apply:

- (a) investment decisions shall be made without distinction between principal and income, and viewing the realization of gains or losses only in terms of the investment factors involved;
- (b) selection of investments shall be made in the context of the portfolio managed by the Manager, without undue risk of loss or impairment and with a reasonable expectation of fair return or appreciation given the nature of the investment;
- (c) the Manager shall not engage in any transaction that would jeopardize the tax exempt status of the Fund or its eligibility as a vehicle for registered retirement saving plans.

Section II - Discretion Range

The allocated assets shall be invested by the Manager in an equity-oriented portfolio of Canadian and U.S. securities within the following range of investment discretion:

Asset Class	% of Market Value	
	Normal	Range
Canadian common stocks	77%	60% - 100%
Non-Canadian Stocks	18%	0% - 25%*
Cash and Cash Equivalents	5%	0% - 30%

* or maximum allowable under Income Tax Act, if lesser.

Section III - Diversification and Quality Standards (Market Values)

Equities

1. All investments shall be in publicly traded securities
2. All equity investments purchased for the portfolio shall at the time of purchase be either:
 - (a) small capitalization stocks, defined as those issued by corporations with total stock capitalization, at market prices and excluding closely-held shares, of less than \$250 million (\$750 million for US stocks); or,
 - (b) other non-small capitalization stocks as determined by the manager.
3. No part of the portfolio shall be held in securities with a market capitalization of less than \$10 million, or in stocks whose price is below \$1.00.
4. At all times, at least two-thirds of the equity investments' total market value shall be represented by small capitalization stocks.
5. Not more than 7% of the portfolio shall be invested in the common stock, preferred shares or other equity issues of any one corporation; the Manager shall also have prudent regard to the marketability and trading volume of the securities held.
6. Except during periods of liquidation or accumulation, each investment holding should normally constitute at least ½ % of the total portfolio.
7. Holdings in any one industry sector as broadly classified under the TSE or other stock exchange index shall be limited to the greater of 3 times the sector weight or 10% of the portfolio, whichever is greater.
8. Call options may be written on up to 20% of existing equity holdings at any time.

Cash and Cash Equivalents

1. Any short term portion of the portfolio shall be invested in the following:
 - (a) cash;
 - (b) readily liquidated securities maturing within one year; or
 - (c) money market securities with a term to interest rate re-establishment of 6 months or less but a term to maturity which may exceed one year, for up to 20% of the short term portion.
2. All investments shall be rated R-1, or equivalent.

Risk Level

It is anticipated that, relative to the Composite Index described below, the portfolio will result in returns exhibiting a historical beta level within a range of 0.80 to 1.20, and an R-squared above 0.75, measured using historical returns over at least 20 quarters.

Section IV - Performance Standards

The return on the portfolio will be compared with the composite return on the "normal" allocation ("Benchmark Index"), calculated quarterly as set out below:

Benchmark

- 77% of the total return on the Wood Gundy Small Capitalization Stock Index*, plus
- 18% of the Russell 2000 U.S. Stock Index (in C\$), plus
- 5% of the return on 91-day Treasury Bills.

Objectives

Over completed cycles in the Canadian stock market (normally taken as 20 quarters), the Manager will be expected to meet the Benchmark performance standard on the Fund's net unit values.

The Fund's net unit value returns will also be compared with the range of equity fund results, including cash, in a representative sample of RRSP eligible mutual funds that are designated as specialty, aggressive, or small capitalization funds. As a secondary objective, the Fund's net unit value return over completed cycles in the Canadian equity market (normally taken as 20 quarters) shall be expected to rank above a 33rd percentile ranking in a measurement service.

- * Two other choices are Burns Fry and BBN James Capel

TOLERANCE RANGE

The Manager need not be faulted for underperforming the total standard over short periods. On the other hand, significant short-term underperformance may make it unlikely that the full period objective will be achieved. The primary focus of performance measurement will therefore be on a moving five-year average result, but performance over a variety of time intervals will also be evaluated using the following structure:

Period	Minimum Annualized Return: Standard Less
1 Year	10.0 percentage points of return
2 Years	7.0 percentage points of return
3 Years	4.5 percentage points of return
4 Years	2.5 percentage points of return
5 Years or more	1.0 percentage points of return

Results below the minimum, or consistently below the standard, will require detailed explanation by the Manager.

Section V - Additional Manager Responsibilities

If a market valuation of an investment is not available, the Manager shall provide at least monthly an estimate of fair value, which may be determined by comparison with similar assets which are publicly traded, by reference to an independent expert appraisal or by other means such as risk-adjusted discounted cash flows. In all cases a reasonable methodology should be applied consistently over time.

The Manager must submit a statement of investment philosophy, indicating the primary factors guiding the placement of funds in various categories, or themes of investment; and the areas in which particular emphasis will be laid in adding value through active management.

If at any time the Manager feels that performance standards cannot be met, or that these guidelines inhibit fulfilment of fiduciary duties or inappropriately restrict performance, the Manager will so notify the Association in writing.

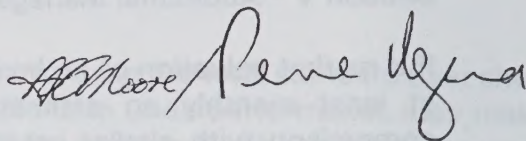
At quarterly intervals, the Manager shall submit a letter of compliance to the Association, detailing and explaining any investment guideline contained in this mandate which has been breached. The Manager shall request approval from the Association for any variation, except for an inadvertent variation which is corrected within the following quarter.

12/09/94

38.

RETIREMENT SERVICES MEMO

To: KINGSLEY BUTLER
From: BETH MOORE / PIERRE VEZINA
Date: January 5, 1995
Subject: SELF-DIRECTED RRSPS



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As you know, over the past few years a sizeable number of members have transferred their accounts to their self-directed plans with other carriers. Our records show that between March 1st 1991 and November 30, 1994, we have lost more than \$22.9 million to self-directed plans.

To counter this problem, we have investigated 2 approaches:

- option 1: allow participants to transfer units from our funds "in kind" to their self-directed plan elsewhere or to invest in our funds directly through their self-directed plan.
- option 2: offer a self-directed plan

Here is a brief explanation of each option.

Option 1

Under this option, participants would be able to keep units in their CDA funds and transfer them into their self-directed plan elsewhere. They could also acquire units and transfer between funds through their self-directed plan.

For the participant, it means being able to continue participation in the CDA RSP plan or to acquire units in the CDA RSP without establishing a separate RRSP by making the investment through an existing self-directed plan. For CDSPI, it means that instead of losing a participant, we will retain the participant and collect the administration fee. Hopefully, the performance of our funds will make it attractive for the participant to keep his CDA RSP funds and possibly to increase his participation in the funds.

From a legal perspective, Beth has confirmed with her colleagues at Fasken Campbell that segregated funds established under the variable annuity contract for the CDA RSP are "qualified investments" (as defined in the Income Tax Act) for trusts governed by registered retirement savings plans and can therefore be held in self directed RRSPs. It should be noted that annuities are not "qualified investments" for trusts governed by registered

retirement income funds. This proposal will therefore only permit investments in the CDA funds through self-directed RRSPs, not through self-directed RRIFs.

From an administrative point of view, there seems to be no special requirement needed to set up the plan with other organizations. The transfer of units "in kind" can be done via the use of a standard transfer form T-2033, just like cash transfers.

However, some of our procedures will have to be modified. We will have to develop a new application specifically for self directed cases. The current application will be modified as follows:

- remove section for spousal accounts
- remove section "beneficiary designation" (to be confirmed)
- remove statement asking for registration by Imperial Life
- remove section on foreign content limitation
- include a section to enter the name and address of the Trustee of the self-directed plan.

Obviously, applicants will still have to meet our usual eligibility requirements (CDA member or non-CDA member who agrees to pay \$50, their spouse/children, and staff).

Our records will still show the name of the participant but will indicate that the account is held in a self-directed RRSP and will show both the applicant's address and the self-directed plan's address. We will not issue registered tax receipts as this will be the responsibility of the Trustee of the plan, either at issue or for additional deposits. We will need to confirm with Imperial Life whether or not form T-2037 (Notice of Purchase of Annuity with "Plan" funds) will need to be obtained from the plan trustee.

Since some information is unique to self-directed plans, we will need to make changes to the computer system. We will use a separate series of account numbers for self-directed accounts, to differentiate them from regular accounts; we will need a new address field to show the address of the Trustee. Administrative procedures are relatively simple and can be implemented with a minimum of delay.

A copy of all correspondence including the quarterly statements and the CDA RSP Investor as well as the Annual Report will be sent to the Trustee of the self-directed plan, not the participant. Since some self-directed plans send statements on a monthly basis, there is a possibility we will be asked to produce these statements each month.

For full and partial redemptions, the cheque will be payable to the participant "c/o the self-directed plan" and will be mailed to the self-directed plan address. From the planholder's point of view it will amount to a change of investments within the RRSP, not a

redemption. The Trustee of the self-directed plan will be responsible for producing the tax forms. No tax will be deducted at source for payments in cash.

The administration agreement with Imperial Life will have to be updated to reflect the fact that units in our funds can be held in a self-directed plan. From an administrative perspective, the only difference will be that they will no longer register the plans with Revenue Canada or issue tax forms for withdrawals in cash.

The main impetus for offering the self-directed alternative came from the fact that many participants were transferring out of the CDA RSP in order to maximize the foreign content in their RRSPs. This problem has been addressed, at least in part, by the addition of the international funds to the CDA RSP.

The downside to opening the plan to self-directed RRSPs is our vulnerability to the persuasive tactics of the investment dealers managing the self-directed RRSPs. Since we do not pay commissions or trailer fees, participants may be under considerable pressure to move their money invested in the CDA RSP to investments which are more profitable for the investment dealer. While this type of pressure is already a problem for our plan we will be giving the dealers access to plan information and information about the participants' holdings that could be used to the detriment of the CDA RSP.

It must be recognized that investments in the CDA RSP will only be made through self-directed plans if the participant insists on it; no investment dealer will recommend such investments and will probably discourage them as strongly as they can. If we allow participants to invest in the CDA RSP through their self-directed plans we will be forced to disclose to the investment dealers the details of their investments in the plan and the performance of the investments since the Income Tax Act requires us to send the statements to the plan Trustee. Unless the plan performance is exceptional this information may assist investment dealers in persuading participants to move their money elsewhere.

This downside risk should be weighed against the perceived benefits of offering participants the flexibility of making their investments through a single self-directed plan rather than establishing two separate RRSPs, one self-directed and the second as part of the CDA RSP.

Given that the volume of such cases should be light, we should be able to accommodate transfers to self-directed plans before the end of February 1995, assuming that a decision is made to proceed.

Option 2

Under this option, we would offer a "full fledged" self-directed plan and plan participants would be able to buy not only our funds, but mutual funds from competitors, individual stocks, bonds and other securities. To support this option, CDSPI would require an organizational change. It would be necessary to create a subsidiary company with directors and officers holding appropriate securities licenses. We would need licensed personnel, extensive training and probably some sophisticated system support. Even then, there is no guarantee we would be able to compete with the discount brokers. Alternatively we would be limited to endorsing a plan offered by someone else.

We discussed this option with Altamira Management which, through a subsidiary (AIS), offered to "manage" the self-directed plan for us. Under the arrangement, our participants could open a self-directed plan with First Marathon Securities through AIS and purchase any securities allowed for a self-directed RRSP, including units in the funds of the CDA RSP. The record keeping would be done at Altamira, and their personnel would handle administrative duties as well as calls from participants.

There are certain advantages to this approach. We would be able to compete with other firms offering self-directed plans by offering the same product, at a competitive cost. This would no doubt interest some participants who would see this as an additional product offered as part of our investment program.

On the other hand, we would lose control over the accounts as the administration would be handled by Altamira's people. Since to offer an edge we would have to limit any commissions or trailer fees payable, there is a risk that Altamira's brokers would not encourage participation in the CDA RSP and would instead propose other investment vehicles (such as other Altamira funds) which may provide better compensation.

Recommendation

At this time, we suggest offering our participants the option of holding units from the CDA RSP in their self-directed plans. This option would not be heavily promoted but would be announced as a possible option and offered as a way to discourage funds from moving out of the plan.

This option would require only limited changes to the computer system and to the administrative routines. We could be operational in February 1995. As mentioned earlier, a new application has to be designed but the cost should not be significant.

In addition, we would be able to determine whether this option stops the flow of redemptions and whether there is a demand for this alternative.

Depending on the success of this initiative, we could consider option 2 later and possibly offer a full service self-directed plan to our participants. We have asked Altamira to provide us with more information on their proposal.

Please let us know if you require more information.

cc Clyde
Paul

To: Kingsley D. Butler

From: Clyde A. Harris

Date: November 28, 1994

Re: Travel Insurance Proposal

Have you considered travelling somewhere this winter and thought about travel insurance? There are many coverage options and the range of pricing is such that it makes you wonder just what you are going to get for the dollars you spend. As a further service to the dental profession of Canada, CDSPI has been reviewing and considering the possibility of offering a travel insurance plan as a part of CDIP.

Approximately two years ago when reviewing various markets which were available, a broker contacted CDSPI and made an offer for a travel insurance plan. This was reviewed and many changes have been made to it. Today we are at a point where a plan is being recommended to be added to CDIP.

There has been at least two reports in the past year which were provided for information on the process we were going through to get to this point. In those reports there was a lot of information about various facets of the program most of which are quite standard to travel insurance. This report will highlight only the main points and respond to the direct areas of concern shown by the Management Committee and the Board of Directors.

The broker we have been dealing with is a firm in Hamilton, Ontario. Journeyman Travel Protection Inc. is a leader in the handling of travel insurance and they have been able to negotiate a travel insurance plan with Liberty Mutual. For travel insurance there is a need for claims handling to be available 24 hours per day on a world wide basis so the services of International SOS Assistance, Inc. and Claims International Limited will be utilized. This partnership is already working quite well with other associations. Two of the other associations are: International Association of Winter Visitors and the Canadian Chiropractic Association.

The plan wording has been a major concern as we wanted to be sure there were not too many exclusions and that definitions were relatively clear. We feel this has been accomplished. The benefits, coverage extensions, have been tabulated on the accompanying chart. The chart includes the Journeyman Liberty Mutual Policy which is the one being recommended for inclusion in CDIP. Also on the chart are comparisons to the out-of-country coverage provided through three plans offered to the dental profession in different parts of Canada as part of their Extended Health Care plans. We also requested samples of travel policies which were readily available and heavily used in other parts of the Country and these have been included in the comparison. This

chart is quite extensive and necessary to support the recommendation of providing an all encompassing plan.

The Journeyman Liberty Mutual Policy is an annual coverage (Shuttle Plan) plan with an unlimited number of trips to a maximum of 90 days per trip. For an extra premium, based on a daily rate, trip extensions can be made to bring coverage up to 182 days. The coverage extensions are very similar to many other plans, however, of the plans we reviewed there was no other plan which had the same coverages in total. One of the differences in coverage which could be beneficial to the participant with a young family deals with emergency travel. If the parent(s) are unable to travel with the children, the plan will cover the cost of an economy air fare for each child returning home. If necessary, the plan will also cover the cost of an attendant for the children. Only one other plan came close to this coverage.

Another coverage extension which is beneficial to the individual participants is the non-subrogation coverage. On the surface this does not appear to be a very important issue but it can be at the time of a claim. In most travel insurance of this type the coverage only becomes active after the limits of other extended health coverages have been exhausted. In the case of the plan recommended for inclusion in CDIP there is no subrogation. The Journeyman Liberty Mutual plan will pay all claims without trying to obtain reimbursement from any other insurance plans you may have in force. This will make the claims process even more hassle free.

The premiums have also been of concern because CDIP plans always try to have a competitive premium with the best coverage available. The pricing of this type of insurance plan is very volatile because of the medical services costs. However, we have been able to get a premium quoted which has been held all during the negotiation period. The premium is set on a one year basis with the plan year running from January to December to match the balance of the CDIP plans. Administratively, this plan provides some minor differences in that all new coverages can be added at anytime during the year with the premium being for a full year (or for half a year if after June 30th). By the same token there will be no pro rata premium refunds for this plan. The reason for this change in premium handling is because of the low premium being offered for a plan which will allow as many trips as you wish in a given year. There is no daily rate for the basic coverage being offered. If there was prorating allowed we could have participants signing up for a limited period while they are out of the country and getting an even better price break. This must be avoided if the premiums are to be maintained at the best possible rate.

One large concern has arisen over the premium being the same for all provinces when each province varies with what they will pay for under the provincial health care system. This concern has been addressed and the reasons for a blended premium are threefold. The first is the lower marketing and administrative costs by having one premium. There is no chance of wrong quotes or wrong mailings as everyone is treated equal. Blended rates eliminate potential animosity and confusion among the participants from provinces

whose reimbursement level may be higher or lower. And the third reason is the anticipation of provinces with higher reimbursement levels coming on-line with the other provinces. By making these basic assumptions up-front and setting the premium at a level amount across the country some of the volatility is removed as well.

Some sample premium comparisons have been developed. These show for three different ages of the participant with and without the family coverage. While we have compared most of the plans being analyzed, it must be kept in mind that due to plan differences the comparison is only as close as possible. The premiums for family coverage vary in the way they are calculated, however, most plans include an unlimited number of children. The three extended health care plans have a separate premium for family coverage but the travel insurance plans use the ages of the spouses and add the two amounts together for a family rate.

Comparison of Premiums is based on 90 days of travel. (Group coverage premiums are for one full year.) The Single coverage is based on the age shown. Family coverage is based on the age shown with a spouse three years younger. The PEI Blue Cross Family coverage is for two people only. All the others provide for two adults and an unlimited number of children.

All of the plans included in the study have not been included here as premiums were not readily available for use.

AGE	45	55	65	45 FAM	55 FAM	65 FAM
Company						
CDIP	\$173.65	\$200.10	\$234.60	\$347.30	\$373.75	\$469.20
APDA Ext Health	\$739.56	\$739.56	\$739.56	\$1,951.56	\$1,951.56	\$1,951.56
ODA Group Health	\$425.40	\$425.40	\$990.60	\$1,264.32	\$1,264.32	\$1,847.64
Winnipeg Dental Society	\$141.50	\$141.50	N/A	\$241.00	\$241.00	N/A
Alta. Bl Cr Silver	N/A	\$1,162.00	\$1,162.00	N/A	\$2,324.00	\$2,324.00
Sask Travel Undew't'r	\$168.00	\$168.00	\$570.00	\$336.00	N/A	N/A

CDIP	\$173.65	\$200.10	\$234.60	\$347.30	\$373.75	\$469.20
CIBC Travel	\$290.52	\$290.52	N/A	\$581.04	\$581.04	N/A
PEI BI Cr Deluxe	\$460.00	\$460.00	\$601.00	\$920.00	\$920.00	\$1,202.00
John Ingle World	\$207.00	\$284.00	N/A	\$414.00	\$568.00	N/A

The implementation cost of this plan are included in the marketing plan which is being discussed under a separate agenda item. However, I am including them here for the purposes of illustration. The initial marketing costs are set at \$10,500 for preparation and distribution of brochures, applications, and marketing letters. The on-going advertising is included in the advertising budget and is not included here as the advertising, if not used for travel insurance, would be used for another one or more of the CDIP plans. The rough estimate for annual expenses from marketing include approximately \$10,000 for the update, production and distribution of brochures and applications. On the administrative side of the coin the only real additional cost will be for systems development. The best estimate for developing the system is \$4,000. While this is a soft dollar item it is large enough to consider as a cost for this project but is not included in projections for recovering expenses. It is not expected that the addition of this one plan will add sufficient work in either the Insurance Services Section or the Accounting Section to make a difference to the staffing. There are some additional forms and other items which will be required and these are estimated at \$2,000 per year.

To cover the costs of administering this plan CDSPI will enter into an agreement with Journeyman Travel Protection Inc. which will provide for a recovery of 16.05% of all premiums collected. This will allow the use of 15% for CDSPI's costs and the balance is the GST on the administration fee. To obtain the level of revenue required to recover the costs of implementation 575 plans would have to be sold. Of the 575, approximately half would be family coverage and all would be spread over the various age bands with the majority in the lowest, and largest, band of 0 - 54.

The market for this plan should be everyone who can participate in CDIP. This would include all members of the CDA and/or a co-sponsoring provincial association, the dental staff and the association staff. It is roughly figured that this would give a base number of 35,000 possible participants. To get the required 575 units, the penetration rate would be only 1.6%.

The suggested recommendation is that the CDA obtain the Emergency Travel Health

Insurance Plan underwritten by Liberty Mutual and offered through Journeyman Travel Protection Inc. and add it to the Canadian Dentists' Insurance Program. This plan should provide coverage for an unspecified number of trips out-of-country or out-of-province up to a maximum duration of 90 days per trip with a top-up (extension) privilege.

At this time I would like to thank the many people who helped to gather the information for this study. The list is long and includes the Board of Directors/Observers and many of the Provincial Association Staff. Information was gathered from every province through both of these sources and was much appreciated.

Premiums based on 90 days of travel
with the exception on Group coverage which
is an annual premium

PLAN NAME	SINGLE	FAMILY
Atlantic Provinces Dental Associations Extended Health Care Program		
under age 45	\$146.76	\$717.96 no limit on # of dept.
age 45 and over	\$739.56	\$1951.56 no limit on # of dept.
John Ingle Insurance (worldwide)		
under 55	\$207.00	\$414.00 no limit on # of dept.
55-64	\$284.00	\$568.00 no limit on # of dept.
60-64	\$435.00	\$870.00 no limit on # of dept.
P.E.I. Blue Cross		
0-59	\$460.00 per person	\$920. for 2 people
60-69	\$601.00 per person	\$1202. for 2 people
Seaboard 24 hour Business and Pleasure		
under age 65	\$85.00 per participant	includes family coverage
Ontario Extended Group Insurance Plan		
under 45	\$155.88	\$605.52
Over 45	\$425.40	\$1264.32
65 and over	\$990.60	\$1847.64
Winnipeg Dental Society Health Benefits Group Policy		
under age 65	\$141.50	\$241.00
Alberta Blue Cross Silver Travel Coverage		
55-69	\$1162.00	\$2324.00
70+	\$1207.00	\$2414.00
Saskatchewan Travel Underwriters		
under 55	\$168.00	\$336.00
56-64	\$270.00	not available
65+	\$570.00	not available
CIBC Travel Medical Insurance		
under 55	\$290.52	\$581.04
56-64	\$430.30	not available
Journeyman Liberty Mutual (CDIP)		
0-54	\$151.00	Family premiums based on the two oldest family members.
55-60	\$174.00	
61-65	\$204.00	
65+	\$309.00	

NAME	Journeysman Liberty Mutual (CDIP)	Atlantic Provinces Dental Ass. Extended Health Care Program	Ontario Dental Association Group Insurance Plan
COVERAGE EXTENSIONS			
Single Trip Coverage Daily Rate Plan	N/A	N/A	N/A
Annual Coverage Shuttle Plan	unlimited # of trips up to 90 days, extensions available to 182 days	up to 60 days max	N/A
Maximum payable per trip	\$1,000,000	\$1,000,000	<65 -unlimited >65-\$10,000
Optional Non-Subrogation Plan	15% of premium	no	no
Deductible	1st \$50 Cdn plus if \$05 are not contacted prior to treatment, then an additional \$100 Cdn	nil	co-insurance \$05 Medex 100%
Emergency Medical Expenses -room & board, semi-private -physician or surgeon charges -x-rays/diagnostic tests -use of operating room -ambulance service -outpatient emergency room charge -prescription drugs and medication -rental/purchase of minor medical appliance, e.g. crutches, cane Private nursing expenses	yes \$3,000 per insured while hospitalized	yes <age 65 - \$15,000 >65 - \$5,000	yes max \$5,000
Professional Services -chiropractor, physiotherapist, -osteopath, chiropodist, podiatrist -naturopathic physician	\$175 per insured per discipline	yes (includes acupuncture)	yes up to \$350 per discipline physiotherapy - unlimited
Air & Land Emergency Transportation or Evacuation -air ambulance -licensed airline-emergency -medical attendant accompaniment -one family member or travelling companion-economy airfare -dependent children flight via economy fare & if necessary accompanied by an attendant	yes yes	yes -no	yes yes
Emergency Dental Expenses -repair or replacement of natural teeth or permanently attached artificial teeth from accident -dental pain relief	\$1,500 per insured treatment within 90 days of injury and prior to your return -\$150 per insured	yes -no	yes -no
Locating Medical Assistance	yes	no	yes
Medical Insurance Assistance -assistance in arranging of coordinating payment to medical and hospital providers	yes	no	yes
Communication -monitor for insured person's status and communicate between the patient, family, physicians and travel company	yes	no	yes
Lost Document and Ticket Replacement Assistance	yes	no	yes
Legal Assistance	yes	no	yes
Pre-Trip Planning Assistance	yes	no	no
Transportation to the bedside -economy round trip airfare for the person chosen by the insured -identification of deceased insured person	yes insured must be hospitalized for minimum 7 days yes	no	yes
Return of deceased	up to \$3,000	no	yes
Additional Hotel and Meal Expenses when insured is disabled or other special circumstance	when delay due to medical emergency up to \$100 per day maximum 10 days	no	up to \$1,500
Return of Vehicle -if you are unable to drive/travel due to to a covered medical emergency the return of a vehicle is covered whether it is purchased or rented by you	up to \$2,000 each vehicle	no	up to \$1,000
Optional Extensions -Single Trip Extensions -Annual Plan Extensions	up to 180 days per period	N/A	N/A
Automatic Extensions -If you or immediate family member travelling with you are hospitalized due to a medical emergency on your return date -delay of plane, bus, ship or train causes you to miss your scheduled return -personal means of transportation is involved in an accident or mechanical breakdown -you must delay your return due to a medical emergency -delay due to extreme weather conditions	yes	N/A	N/A
Baggage Insurance	no	no	no
Air Flight Accident Insurance	no	no	no
Public Conveyance Accident Insurance	no	no	no
24-Hour Accident Insurance	no	no	no

NAME	Ontario North American Life	CIBC Travel Medical Insurance	P.F.I. Blue Cross Deluxe Plan
COVERAGE EXTENSIONS			
Single Trip Coverage Daily Rate Plan	max 90 days per trip	yes (up to 30 days)	min 3 days max 180 days
Annual Coverage Shuttle Plan	W/A	W/A	W/A
Maximum payable per trip	\$1,000,000	\$1,000,000	unlimited
Optional Non-Subrogation Plan	no	no	no
Deductible	all	all	\$1,000 under age 70 if the trip is longer than 60 days \$1,000 over age 70 if the trip is longer than 30 days
Emergency Medical Expenses -room & board, semi-private -physician or surgeon charges -x-rays/diagnostic tests -use of operating room -ambulance service -outpatient emergency room charge -prescription drugs and medication -rental/purchase of minor medical appliance, e.g. crutches, cane Private nursing expenses	yes (air ambulance max \$5,000) max \$3,000	yes -(30 day supply) unlimited	yes unlimited
Professional Services -chiropractor, physiotherapist, -osteopath, chiropodist, podiatrist -naturopathic physician	yes up to \$175 per discipline	yes (excluding naturopaths and optometrists)	yes (excluding naturopaths)
Air & Land Emergency Transportation or Evacuation -air ambulance -licensed airline-emergency -medical attendant accompaniment -one family member or travelling companion-economy airfare -dependent children flight via economy fare & if necessary accompanied by an attendant	yes -no -no	yes (arranging temporary care and for airlift if required up to \$250 for other expenses)	yes -no
Emergency Dental Expenses -repair or replacement of natural teeth or permanently attached artificial teeth from accident -dental pain relief	up to \$1,500 per person max \$250 per person	\$2,000 \$200	\$2,000 up to \$200
Locating Medical Assistance	yes	yes	yes
Medical Insurance Assistance -assistance in arranging of coordinating payment to medical and hospital providers	yes	yes	yes
Communication -monitor for insured person's status and communicate between the patient, family, physicians and travel company	yes	yes	yes
Lost Document and Ticket Replacement Assistance	no	yes	yes
Legal Assistance	yes	yes	yes
Pre-Trip Planning Assistance	yes	yes	yes
Transportation to the bedside -economy round trip airfare for the person chosen by the insured -identification of deceased insured person	up to \$1,500 yes	round trip economy airfare insured must be hospitalised min 7 days yes	yes
Return of deceased	up to \$3,000	up to \$3,500	up to \$5,000
Additional Hotel and Meal Expenses when insured is disabled or other special circumstance	up to \$100 per day max 10 days	up to \$250 per day max \$1,750 when delay due to medical emergency	up to \$150 per day up to max \$1,500
Return of Vehicle -if you are unable to drive/travel due to to a covered medical emergency the return of a vehicle is covered whether it is purchased or rented by you	up to \$2,000	up to \$1,000 or one-way economy airfare if vehicle stolen or unable to drive due to medical emergency	up to \$1,000
Optional Extensions -Single Trip Extensions	up to 90 days	notification prior to the expiry date of existing policy	up to 180 days
Automatic Extensions -If you or immediate family member travelling with you are hospitalized due to a medical emergency on your return date -delay of plane, bus, ship or train causes you to miss your scheduled return -personal means of transportation is involved in an accident or mechanical breakdown -you must delay your return due to a medical emergency -delay due to extreme weather conditions	yes up to 72 hours	yes	yes up to 72 hours
Baggage Insurance	no	no	yes
Air Flight Accident Insurance	no	no	yes
Public Conveyance Accident Insurance	no	no	yes
24-Hour Accident Insurance	no	no	yes

NAME	John Ingle (Worldwide)	Seaboard Worldwide 24 HOUR Pleasure & Business	Voyaguer Insurance Company (B.C.)
COVERAGE EXTENSIONS			
Single Trip Coverage Daily Rate Plan	(see options below)	up to 45 days per trip	N/A
Annual Coverage Shuttle Plan	Option 1 - max 8 days Option 2 - max 30 days	N/A	annual plan up to 45 days per trip
Maximum payable per trip	unlimited	\$1,000,000	unlimited
Optional Non-Subrogation Plan	no	no	no
Deductible	nil	nil	nil
Emergency Medical Expenses -room & board, semi-private -physician or surgeon charges -x-rays/diagnostic tests -use of operating room -ambulance service -outpatient emergency room charge -prescription drugs and medication -rental/purchase of minor medical appliance, e.g. crutches, cane	private room available yes	yes air ambulance max \$5,000	yes
Private nursing expenses	max \$10,000	up to \$10,000	unlimited while in hospital
Professional Services -chiropractor, physiotherapist, -osteopath, chiroprapist, podiatrist -naturopathic physician	yes up to 50 visits (excluding antenatal/obstetric)	no	unlimited
Air & Land Emergency Transportation or Evacuation -air ambulance -licensed airline-emergency -medical attendant accompaniment -one family member or travelling companion-economy airfare -dependent children flight via economy fare & if necessary accompanied by an attendant	yes no	yes up to \$5,000 evacuation \$20,000 no	yes limited to \$1,000 no
Emergency Dental Expenses -repair or replacement of natural teeth or permanently attached artificial teeth from accident -dental pain relief	up to \$2,000 no	up to \$2,000 max no	no yes
Locating Medical Assistance Medical Insurance Assistance -assistance in arranging of coordinating payment to medical and hospital providers	yes no	no no	yes yes
Communication -monitor for insured person's status and communicate between the patient, family, physicians and travel company	no	no	no
Lost Document and Ticket Replacement Assistance	no	no	no
Legal Assistance	no	no	no
Pra-Trip Planning Assistance	no	no	no
Transportation to the bedside -economy round trip airfare for the person chosen by the insured -identification of deceased insured person	-up to \$100 per day -max \$2,000	75% of airfare charges other expenses up to \$50. per day max of 10 days and overall max of \$2,000	no
Return of deceased Additional Hotel and Meal Expenses when insured is disabled or other special circumstance	up to \$5,000 \$150 per day up to max \$1,500	up to \$3,000 up to \$50 per day max 10 days and overall max of \$2,000	up to \$3,000 up to \$150 per day max \$1,200 when delay due to a medical emergency
Return of Vehicle -if you are unable to drive/travel due to to a covered medical emergency the return of a vehicle is covered whether it is purchased or rented by you	up to \$2,000	no	up to \$500
Optional Extensions -Single Trip Extensions	N/A	N/A	30 days maximum
-Annual Plan Extensions Automatic Extensions -If you or immediate family member travelling with you are hospitalized due to a medical emergency on your return date -delay of plane, bus, ship or train causes you to miss your scheduled return -personal means of transportation is involved in an accident or mechanical breakdown -you must delay your return due to a medical emergency -delay due to extreme weather conditions	yes up to 72 hours	N/A	yes no no no
Baggage Insurance	yes	no	yes up to \$500 Cdn
Air Flight Accident Insurance	no	no	yes up to \$1,000,000 Cdn
Public Conveyance Accident Insurance	no	no	yes up to \$1,000,000 Cdn
24-Hour Accident Insurance	yes	no	yes up to \$50,000 Cdn

NAME	Winnipeg Dental Society Health Benefits Group Policy	Alberta Blue Cross Silver Travel Coverage	Saskatchewan Travel Underwriters Travel Insurance
COVERAGE EXTENSIONS			
Single Trip Coverage Daily Rate Plan	Plan not available to over age 65 N/A	(covers pre-existing conditions) 1 to 182 days	(limits on certain pre-existing conditions for certain age brackets) -up to 180 days
Annual Coverage Shuttle Plan	N/A	N/A	N/A
Maximum payable per trip	\$1,000,000	\$1,000,000	\$1,000,000
Optional Non-Subrogation Plan	no	no	no
Deductible	nil	\$5,000	nil
Emergency Medical Expenses -room & board, semi-private -physician or surgeon charges -x-rays/diagnostic tests -use of operating room -ambulance service -outpatient emergency room charge -prescription drugs and medication -rental/purchase of minor medical appliance, e.g. crutches, cane Private nursing expenses	yes plus \$20.00 cash benefit for each day in hospital	incidental payment of \$100 per hospital stay yes	yes
Professional Services -chiropractor, physiotherapist, -osteopath, chiropractist, podiatrist -naturopathic physician Air & Land Emergency Transportation or Evacuation -air ambulance -licensed airline-emergency -medical attendant accompaniment -one family member or travelling companion-economy airfare -dependent children flight via economy fare & if necessary accompanied by an attendant	medical practitioners only exception - Chiropractors -no	covered up to \$300 per specialty charges -no yes no	physiotherapy-\$300 chiropractor-\$100 (injury only) (balance not available) yes up to \$1,000 for family member no
Emergency Dental Expenses -repair or replacement of natural teeth or permanently attached artificial teeth from accident -dental pain relief	-no	up to \$2,000 for injury to natural teeth caused by a direct blow to the mouth up to \$200	up to \$1,000-direct blow to face no
Locating Medical Assistance Medical Insurance Assistance -assistance in arranging of coordinating payment to medical and hospital providers Communication -monitor for insured person's status and communicate between the patient, family, physicians and travel company Lost Document and Ticket Replacement Assistance	yes yes yes yes	yes yes yes yes	no no no no
Legal Assistance Pre-Trip Planning Assistance Transportation to the bedside -economy round trip airfare for the person chosen by the insured -identification of deceased insured person	no no no	yes yes yes	no no no
Return of deceased Additional Hotel and Meal Expenses when insured is disabled or other special circumstance Return of Vehicle -if you are unable to drive/travel due to to a covered medical emergency the return of a vehicle is covered whether it is purchased or rented by you	up to \$1,000 no up to \$500	up to \$5,000 up to \$1,500 per agreement to a max of \$150 per day up to \$1,000	up to \$2,000 up to \$1,000 up to \$1,000
Optional Extensions -Single Trip Extensions -Annual Plan Extensions Automatic Extensions -If you or immediate family member travelling with you are hospitalized due to a medical emergency on your return date -delay of plane, bus, ship or train causes you to miss your scheduled return -personal means of transportation is involved in an accident or mechanical breakdown -you must delay your return due to a medical emergency -delay due to extreme weather conditions	N/A N/A	up to max total days of 182 yes up to 72 hours	yes yes up to 72 hours (hospitalization only)
Baggage Insurance	no	no	yes
Air Flight Accident Insurance	no	no	no
Public Conveyance Accident Insurance	no	no	no
24-Hour Accident Insurance	no	no	yes

CANADIAN DENTAL ASSISTANTS ASSOCIATION

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Current Activities

The Canadian Dental Assistants Association is pleased to present the following information to the CDA Board of Governors regarding the current activities of our organization.

President:	Gail Armitage, Calgary, Alberta
Vice President:	Charlotte Peer-Miller, London, Ontario
Past President:	Betty Copp, Fredericton, New Brunswick
Registrar:	Louise Mabey, St. Albert, Alberta
Journal Editor:	Charlotte Peer-Miller, London, Ontario

Since our last report to the CDA Board of Governors, CDAA has been activity involved in the process of planning for the move of our business office to Ottawa.

The CDAA Certification Task Force continues to meet with all provinces to gather information and determine how CDAA examination and certification programs can best serve individual members.

National Dental Assistants Appreciation Week is slated for March 19-25, 1995 and the CDAA Newsletter "Directions" publication will focus on provincial activities planned for this recognition week.

CDAA has engaged the services of the Division of Studies in Medical Education (DSME) at the University of Alberta, Edmonton to administer CDAA examination services. A Board of Examiners has been struck to continue the on-going maintenance and evaluation of our Level I examination and committees have been formed to develop a CDAA Level II examination. CDAA continues discussions with provincial organizations on implementing universal examination for all dental assistants that would lead to attaining our long time goal of portability.

We are pleased to announce continue growth. Our 1995 membership currently stands at 2521, with 1071 CDAA certified members, 1217 non-certified members and 233 student members.

CDAA Board will be meeting in March 1995 and again in August 1995 in conjunction with the CDA Convention in Ottawa.

The CDAA process of restructure and rebuilding our organization has been a long journey made possible by the many contributions of volunteers committed to our success. CDAA wishes to express our thanks and appreciation to CDA for their generous, on-going support.

Respectfully submitted,

Charlotte Peer-Miller,
Vice-President,
Canadian Dental Assistants Association

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Assistants Association as information.

DENTISTRY CANADA FUND

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

Directors: Dr. Gordon Thompson, Edmonton, Chairman
Dr. Robert Dupont, Montreal
Dr. Bradley Holmes, Kenora
Dr. Donald O'Connor, Ottawa
Mr. Don Pamenter, Halifax
Dr. Arthur Schwartz, Ashern
Dr. John Silver, Vancouver
Dr. David Singer, Winnipeg
Dr. Douglas Smith, Belleville
Mr. Arthur Zwingenberger, Toronto
Mr. Jardine Neilson, Ottawa, ex-officio

Executive

Vice-President: Mr. James Wegg

1. Board Meetings

The DCF Board of Directors met in Ottawa November 6, 1994.

ITEMS REQUIRING BOARD ACTION

2. Appointment of Director

Mr. Peter Billing, Administrator, Nobelpharma Canada Inc., has accepted a nomination to serve on the Dentistry Canada Fund's Board of Directors - term commencing in 1995.

RESOLVED:

95.45 THAT Mr. Peter Billing be appointed for a two year term to the Dentistry Canada Fund, effective immediately.

ADOPTED

3. Fiscal Year End

The current fiscal year ends on December 31. The overwhelming majority of DCF activities, and their related funding, revolves around the program (July - June) rather than calendar year. A move to June 30 would significantly improve the logistics of operating the organization.

RESOLVED:

- 95.46** **THAT, section 65 (Sixty-five) of By-Law No.1 of the Dentistry Canada Fund be amended to read "The financial year of the Corporation shall terminate on the 30th day of June in each year or on such other date as the directors may from time to time by resolution determine."**

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. 1995 Program Funding

At the November 6 Board, funding commitments were made to the following programs. Any further 1995 funding will be approved at Management Committee's spring meeting.

CDA/DCF Dental Students' Conference - \$11,000 was approved for this year's event.

CDA/DCF Teaching Conference - A \$10,000 grant, conditional on receiving funds from Procter & Gamble, was approved for this year's conference to be held in Vancouver in October.

DCF/ACFD Summer Teaching and Management Institute - A commitment was made to provide \$44,000 for this project in 1995.

DCF Biennial Research Award - Formerly the Canadian Dental Research Foundation Award, this award of \$2,000 will be presented to a dental graduate or postgraduate student after review of all applications by a sub-committee of the CDA Committee on Dental Materials and Devices, chaired by Dr. Pierre Desautels.

5. New Awards

The first **DCF/Eaton Award for Excellence** will be presented in late spring of 1995. Nominations will be taken from the Deans of Canadian Dental Schools for a undergraduate student (any year) who has shown exceptional qualities. The cash award will be \$1,500.

The **DCF/CREST/Procter & Gamble Student/Faculty Research Fellowships** will be presented to two undergraduate dental students following a sub-committee review. One project per faculty may be submitted. Two \$5,000 awards will be awarded annually.

6. Fund Raising

The Board and Staff spent a large amount of time in 1994 completing the amalgamation and reviewing and revising all projects and programs of DCF. As with any major name change and consequent reorganization, there is a period of uncertainty and, in some cases, confusion about the direction and mandate of the emerging organization.

The main source of revenue for DCF is donations. As of this writing, we have just completed our first fiscal year. The results are most encouraging and will be detailed in our annual report to be released in the spring.

We are pleased to report the establishment of the **International College of Dentists Fund** for projects by Canadian dentists in Third World countries, and the **John Leishman Fund** in memory of an outstanding member of the dental community. Negotiations are also proceeding for at least two more funds.

Those who have responded so well to our 1994 appeal have been excited by the mandate Dentistry Canada Fund and its enormous potential. In our 1995 campaign, it will be our intention to increase our efforts to communicate clearly to the many other dentists who have not yet realized the wonderful things that, together, we can accomplish.

Respectfully submitted,

Gordon Thompson, D.D.S.
Chairman, Dentistry Canada Fund

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Dentistry Canada Fund.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The following is a report highlighting the events of the Annual Meeting of the National Dental Examining Board of Canada held in Ottawa, Ontario on November 19, 1994.

1. Elected Officers

Dr. P.A. Watson of Toronto, Ontario, was elected by the Board to the position of President-Elect. In this capacity, Dr. Watson also serves as the NDEB Treasurer and chairs the Finance Committee. Dr. R.G. Canning of Sydney, Nova Scotia acceded to the position of President and becomes Chair of the Executive Committee. Dr. R.C. Baker of Winnipeg, Manitoba becomes the Past-President. Drs. D.A. Scott, Edmonton, Alberta; D. Crocker, Tignish, Prince Edward Island and L.H. Harder, North Battleford, Saskatchewan were elected to positions on the Executive Committee.

Dr. A.F. LaBounty and R. Salois were honoured for their years of contribution to the Board on the occasion of their retirement. Dr. LaBounty is a Past-President of the NDEB and Dr. Salois was a member of the Executive Committee but has retired from the Board as a result of being elected President of the ODQ. A complete list of the NDEB Committees and members of Committees is attached as Appendix I.

APPENDIX I

2. President's Report

In his report, President R.C. Baker commended the NDEB office staff for the work that had been accomplished and the magnitude of change in the NDEB operation over the past 10 months. He also paid tribute to Mrs. Francine Dawes on the occasion of her resignation from the Board following 13 years of dedicated service.

President Baker then reviewed the current status of NDEB certification for graduates from dental programs accredited by the Commission on Dental Accreditation of Canada. He stated that the excellent communication and co-operation between the NDEB, the students, the Provincial Licensing Authorities, the Deans, the Association of Canadian Faculties of Dentistry and Canadian Dental Association has been responsible for a successful transition from certification by accreditation to certification by accreditation and examination. He noted that all Provincial Licensing Authorities have granted \$6.00 per licensed dentist and pledged an additional \$15.00 per licensed dentist to help finance the development and implementation of this system. Dr. Baker reviewed the results of both the Competency Workshop and the Workshop on Writing Case-Based Questions. He stated that these were necessary and useful

workshops and have improved the validity and reliability of the NDEB examinations.

President Baker then reviewed the NDEB certification process for graduates of dental programs not accredited by the Commission on Dental Accreditation of Canada.

He summarized the first year of implementation of the new certification examination process. This process has resulted in a somewhat shorter and somewhat less expensive system for candidates. The reliability of the evaluation system has been improved with the implementation of a 3-point criteria referenced evaluation system for all three clinical examinations.

In the final section of this report, Dr. Baker posed questions regarding the future of the NDEB certification process. These questions are attached as Appendix II.

APPENDIX II

3. Office Restructuring

The new office structure which takes into account the resignation of the Executive Secretary was reviewed along with the new job descriptions. The existing staff have assumed additional responsibilities and several other staff members have been added to replace the Executive Secretary and to deal with significantly increased numbers of candidates. A copy of the NDEB office organization chart is included as Appendix III.

APPENDIX III

4. Examination Results

The results of all Board examinations were reviewed and are attached as Appendix IV. Particular note was made of the 100% success rate for graduates of Canadian Faculties of Dentistry on the 1994 Written Examination and the 99% success rate of graduates U.S. Programs on the 1994 Written Examination. The number of questions on the Written Examination was reduced from 600 to 300 in 1994 with no reduction in the reliability coefficient ($KR_{21}=.94$).

APPENDIX IV

Large increases in the number of candidates participating in the Clinical I, Clinical II and Clinical III Examinations were also noted.

5. Written, Clinical I and OSCE Examinations

APPENDIX V

On the recommendation of the Examination Committees, the Board adopted definitive processes that will be used to develop each of the examinations including processes to select

and train Written/OSCE Examiners. The Board appointed the 1995 Written and OSCE Examiners as presented (attached as Appendix V). Dr. M. Boyd was appointed Chief Examiner for the 1995 and 1996 Written and Clinical I Examinations. The Board also approved a motion allowing both thirty 4th year students in Canadian faculties of dentistry and thirty randomly selected general dentists to anonymously take the Clinical I Examination for validation purposes. Arrangements will be made with faculties of dentistry and Provincial Licensing Authorities to select the students and general dentists for participation in this validation exercise. The 1995 protocols for the three examinations were approved.

6. **Clinical Examinations**

The Board reviewed the reports of the Clinical Examination Committee and of the Chief Examiner for the Clinical II and III Examinations. The Board appointed the roster of Clinical Examiners submitted by the Provincial Licensing Authorities and recommended by the Clinical Examination Committee (attached as Appendix VI). Dr. D.A. Scott was appointed Chief Examiner for the 1995 and 1996 Clinical II and III Examinations. The Board reviewed and approved the Examiners' Manual for the NDEB Clinical Examinations (attached as Appendix VII). The protocols for the 1995 Clinical II and III Examinations were approved.

APPENDIX VI & VII

7. **Reports From the CDA, ACFD, RCDC, Commission on Dental Accreditation of Canada, the CDA Council on Education and the CDA Committee on Student Affairs**

The Board reviewed and received both written and oral reports. It was noted in all reports that the more open and participatory approach of the NDEB has met with approval and appreciation. The Committee on Student Affairs' Report stressed the financial implications of the introduction of Board examinations for graduates of Canadian faculties of dentistry. The students recommended funding or partial funding of these examinations by Provincial Licensing Authorities.

8. **Changes to by-Laws**

The Board reviewed in detail changes to by-laws proposed by the By-Law Committee in consultation with the Board's legal counsel. Significant changes in the by-law regarding examinations were made which will allow candidates to repeat the Written, Clinical I and Clinical II Examination any number of times. A change to the by-laws allows candidates the privilege of taking the Clinical III Examination three times. Any candidate who fails the Clinical III Examination three times will then be ineligible for any further examination unless the candidate subsequently graduates from an undergraduate dental program accredited by the Commission on Dental Accreditation of Canada. A transition rule for candidates who would

be affected by this change in by-laws was also adopted. This transition rule will allow candidates to have the option of having the relevant provisions of the by-laws effective January 1, 1994 or January 1, 1995 apply with respect to their ability to repeat the part of the Clinical Examinations that they may have failed.

9. **Financial Statements and 1994/95 Budget**

The Board reviewed and approved the 1994 financial statements as presented. The financial statements show an operating loss of \$90,839 for the fiscal year ending September 30, 1994. The 1995 budget was presented using the revised detailed line items previously circulated to Provincial Licensing Authorities and Board Members. The 1994/95 budget forecasts an operating surplus of \$31,100. Total income and expenditures will increase significantly due to the increase in the number of candidates participating in examinations. The Board also approved the fee schedule for 1995 (Appendix VIII).

APPENDIX VIII

10. **Future Examination and Meeting Dates**

The Board reviewed the list of proposed examination dates for 1995 and 1996 which are attached as Appendix IX.

APPENDIX IX

Respectfully submitted,

Dr. Jack D. Gerrow
Executive Director and Registrar
National Dental Examining Board of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the National Dental Examining Board of Canada as information.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

COMMITTEES - 1994/1995

EXECUTIVE	President	Dr. R.G. Canning
	Past-President	Dr. R.C. Baker
	President-Elect	Dr. P.A. Watson
	Members	Dr. L.H. Harder
		Dr. D.A. Scott
		Dr. D. Crocker
MANAGEMENT	Chairman	Dr. R.G. Canning
		Dr. P.A. Watson
		Dr. R.C. Baker
FINANCE	Chairman/Treasurer	Dr. P.A. Watson
		Dr. R.C. Baker
		Dr. R.G. Canning
WRITTEN EXAMINATION	Chairman	Dr. K.C. Bentley
	Members	Dr. L.H. Harder
		Dr. M. Boyd
CLINICAL EXAMINATION	Chairman	Dr. D.A. Scott
	Members	Dr. D.E.A. Black
		Dr. D. Crocker
		Dr. D. Joly
OSCE	Chairman	Dr. N. Levine
	Members	Dr. P. Duquette
		Dr. D.W. Banting
APPEALS	Chairman	Dr. R.C. Baker
	Members	Dr. L.H. Harder
		Dr. R.G. Canning
		Dr. D. Crocker
BY-LAWS	Chairman	Dr. D.A. Scott
		Dr. D. Crocker

REPRESENTATIVES - 1994

NDEB TO CDA COUNCIL ON EDUCATION	Dr. D.A. Scott
NDEB TO COMMISSION ON DENTAL ACCREDITATION	Dr. R.C. Baker Dr. L.H. Harder
COMMISSION ON DENTAL ACCREDITATION TO THE NDEB	Dr. R.I. Brooke Dr. D. Robert

NDEB Certification of Graduates from Dental Schools in Canada

Does the NDEB examination need to be independent of the educational process?

What is the validity/reliability of an examination or series of examinations compared to evaluations conducted over a four year dental program?

Does the fact that all NDEB written examiners are full-time dental faculty members, and the majority of NDEB clinical examiners are either full-time or part-time dental faculty members, have any relevance to the need for independence of the NDEB examination?

What will it mean if 100% of graduates of Canadian Dental Faculties pass the NDEB examination?

What impact will a competency-based undergraduate dental curriculum have on the requirement for an external NDEB examination?

Would the NDEB/Licensing Authorities accept competency evaluations conducted by dental faculty members during the educational process?

Would the Faculties of Dentistry permit external examiners from the NDEB as participants in evaluation of competencies of dental students during the educational process?

NDEB Certification of Graduates from Dental Schools outside Canada

What type of NDEB examination should be given to graduates of American Faculties of Dentistry compared to that given to graduates of Canadian Faculties of Dentistry?

What type of NDEB examination should be given to graduates of Non-North American Faculties of Dentistry compared to that given to graduates of Canadian/American Faculties of Dentistry?

Can credentials of dental graduates be accurately assessed?

What does "treating all applicants for licensure fairly" mean?

What is the future of the ADA/CDA reciprocity agreement?

The NDEB, the Commission on Dental Accreditation of Canada, Continuing Competency of Dentists in Canada, Certification of Dental Specialists in Canada

What should be the role of the NDEB in Accreditation of Canadian Faculties of Dentistry?

What should be the role of the NDEB certificate/examinations in the assurance of continuing competency of dentists in Canada?

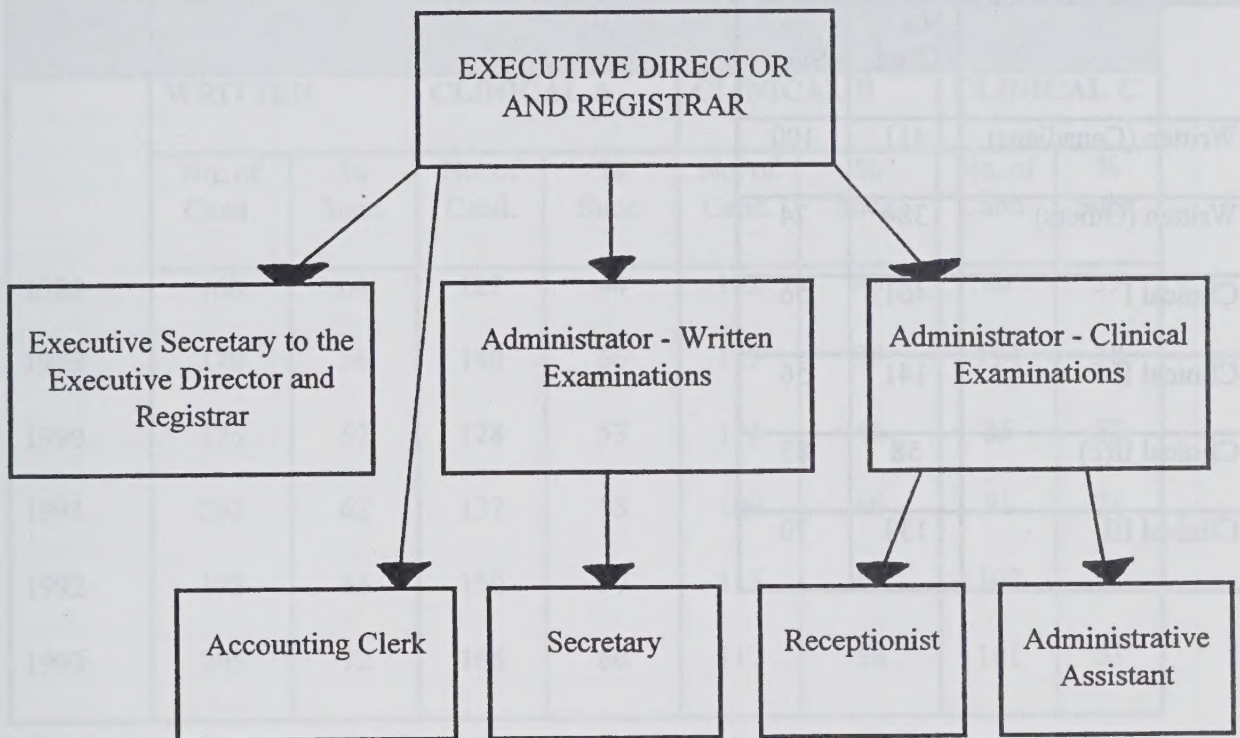
What should be the role of the NDEB in the certification of Dental Specialists in Canada?

The answers to the foregoing questions are complex and will require the continued high level of commitment of the NDEB board members and staff along with effective liaisons with many outside agencies.

It has been a pleasure serving as your president over the past two years. I hope that my contribution has been at least equal to the personal growth that I have experienced as a result of executing my responsibilities to the NDEB.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

NDEB OFFICE ORGANIZATIONAL CHART



THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

TOTAL NUMBER OF CANDIDATES

EXAMINATION	1994	
	No. of Cand.	% Succ.
Written (Canadians)	411	100
Written (Others)	384	74
Clinical I	401	56
Clinical II	141	56
Clinical II(c)	58	83
Clinical III	133	70

EXAMINATION	1988		1989		1990		1991		1992		1993	
	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.
Written	208	69	215	63	227	63	237	68	221	68	230	74
Part A	127	44	168	62	177	50	163	53	166	55	184	62
Part B	135	44	150	41	170	46	133	62	125	63	137	53
Part C	121	35	143	37	105	52	103	67	116	53	109	49

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA

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GRADUATES OF NON-U.S.A. DENTAL SCHOOLS

YEAR	EXAMINATION							
	WRITTEN		CLINICAL A		CLINICAL B		CLINICAL C	
	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.
1988	168	64	127	44	102	43	80	39
1989	170	56	140	66	129	38	114	38
1990	175	57	128	53	143	46	85	52
1991	202	62	137	53	109	66	91	71
1992	198	66	150	57	113	65	107	51
1993	205	72	166	60	117	56	101	51

YEAR	EXAMINATION									
	WRITTEN		CLINICAL I		CLINICAL II		CLINICAL II(c)		CLINICAL III	
	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No.of Cand.	% Succ.	No. of Cand.	% Succ.
1994	302	68	332	56	110	50	56	82	105	70

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GRADUATES OF USA DENTAL SCHOOLS

YEAR	EXAMINATION							
	WRITTEN		CLINICAL A		CLINICAL B		CLINICAL C	
	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.
1988	40	93	-	-	33	48	41	27
1989	45	87	28	39	21	62	29	55
1990	52	85	49	42	27	44	20	55
1991	35	86	26	54	24	46	12	33
1992	23	87	16	44	12	50	9	78
1993	25	92	18	78	20	30	8	13

YEAR	EXAMINATION									
	WRITTEN		CLINICAL I		CLINICAL II		CLINICAL II(c)		CLINICAL III	
	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.	No. of Cand.	% Succ.
1994	82	99	71	54	31	77	2	100	28	68

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Helen Lyttle - Operative/Microbiology

University of Manitoba

Bill Christie - Endodontics
Blaine Cleghorn - Operative/Anatomy/Microbiology
Denny Smith - Prosthodontics

University of Western Ontario

David Banting - Public Health
Henry J. Lapointe - Oral Surgery
Glen Walker - Prothodontics

Université de Montréal

Pierre Desautels - Materials/Operative
Pierre Duquette - Oral Medicine
Monique Michaud - Oral Diagnosis/Stomatology

University of Saskatchewan

Peter Konchak - Orthodontics
Bob Loney - Prosthodontics
Francesco Otero - Periodontics

University of Alberta

Ken Hinkleman - Restorative
Paul Schuller - Periodontics

University of Toronto

Dan Haas - Pharmacology
Norm Levine - Pediatrics
Pavel Sectakof - Orthodontics

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Benoit Soucy - Prosthodontics

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University of British Columbia

Marcia Boyd - Operative
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Dr. Henri Laliberté
Dr. André Phaneuf
Dr. Denis Robert
Dr. Rodier St-Louis
Dr. Robert Salois

SASKATCHEWAN

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Dr. R.G. Canning
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Dr. Karin Van Ryswyk
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THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINERS MANUAL

FOR

THE NDEB CLINICAL EXAMINATIONS

SEPTEMBER 1994

**THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA**

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I PURPOSE OF NDEB EXAMINATIONS

The purpose of NDEB examinations is to establish a candidate's competence to practise dentistry in Canada.

NDEB examinations are criterion-referenced and do not discriminate on any basis (including age, sex, race, religion, national origin or marital status).

II CERTIFICATION OF CANDIDATES

A. GRADUATES OF FACULTIES OF DENTISTRY ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION OF CANADA

The certification requirements for 1995 are that the student must have graduated from a dental program approved by the Commission on Dental Accreditation of Canada and that the student must have successfully completed both the NDEB Written Examination and the OSCE.

B. GRADUATES OF DENTAL PROGRAMS NOT ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION OF CANADA

Candidates from dental programs not accredited by the Commission on Dental Accreditation of Canada must complete the NDEB certification examination which includes the Written Examination and Clinical Examinations I, II and III.

These examinations must be successfully completed in sequence. All examinations are under constant review to reflect changes in dental education and practice.

III OBJECTIVES FOR THE CLINICAL EXAMINATION

A. CLINICAL I

Evaluation, Diagnosis and Management of Patients

The objective of these examinations is to determine a candidate's ability in evaluation, diagnosis and management of patients. In addition, this examination is designed to assess a candidate's clinical judgment.

The candidate will be expected to

1. recognize and diagnose oral pathological conditions and formulate a logical sequence of treatment;
2. examine and assess oral health and disease from radiographs, clinical photographs and photomicrographs;
3. demonstrate knowledge of:
 - a) systemic conditions, past or present, that may compromise dental treatment;
 - b) current oral status, including that of hard and soft tissues.

B. CLINICAL II

The objective of this examination is to assess a candidate's ability to perform designated clinical procedures on simulated patients (manikins) and to diagnose and manage occlusal dysfunctions.

C. CLINICAL III

1. Restorative Dentistry and Radiology Technique

The objective of this examination is to determine a candidate's competence to carry out a variety of treatment procedures, with special reference to the following:

- a) diagnosis and tooth selection;
- b) radiographic technique;
- c) local anesthetic technique;
- d) conservative cavity preparation
 - (1) removal of decayed tooth tissue;
 - (2) outline resistance and retention form;
 - (3) maintenance of the integrity of pulp;
 - (4) ability to distinguish between enamel and dentin;
 - (5) maintenance of sound tooth structure.
- e) appropriate use of base and lining materials when indicated;
- f) restoration of proximal contacts;
- g) restoration of functional anatomic form and occlusion;
- h) integrity of soft tissues and adjacent tooth material.

2. Professional Behaviour

All candidates are required to relate to patients, examiners and staff in a professional manner.

IV CALIBRATION

All examiners must be familiar with supplied instructions and will participate in calibration sessions prior to and during each examination.

V EVALUATION PROCEDURES

A. GENERAL PROCEDURES

A 3-point (P,Y,Z) criterion referenced grading system is utilized in all clinical examinations for the following reasons:

- 1. in the final analysis a candidate is either competent or incompetent;
- 2. by reducing the number of grading categories to three, the reliability of the examination is increased.

The following 3-point (P,Y,Z) grading system will be used for all clinical examinations.

- P - The candidate has answered the question/performed the clinical procedure to an acceptable standard. Improvements or modifications could be made but are not necessary.
- Y - The candidate needs to make minor corrections or additions to make the answer/clinical procedure acceptable.
- Z - The candidate needs to make major corrections or additions to make the answer/clinical procedure acceptable or the candidate has made a non-correctable mistake or demonstrated a significant lack of knowledge or skill.

All procedures/questions will be independently evaluated by 2 calibrated examiners. The examiners will then compare their results. In all cases of disagreement the Presiding Examiner will be called to arbitrate a final decision. In all clinical examinations, randomly selected questions/procedures will be evaluated by a second set of examiners to ensure calibration. All questions/procedures graded Z will be seen by the Presiding Examiner for verification. All papers/clinical results that are determined to be failures will be reviewed by the Presiding Examiner(s).

B. SPECIFIC PROCEDURES

Clinical I

Examiners will record an evaluation (P,Y,Z) for each question on a separate score sheet. Once all questions have been evaluated, the examiners will correlate the evaluations and use a scoring grid to determine a P, Y or Z result for each paper. Reasons for failure must be recorded for each paper receiving a Y or Z grade. A second scoring grid will be used to determine a pass or fail final result.

Clinical II

Following the conclusion of the examination session, candidates will hand in manikins identified with only an ID number. Examiners will evaluate (P,Y,Z) each procedure performed on the manikin on a separate score sheet. Once a procedure has been evaluated, the examiners will correlate the evaluation, determine a P, Y or Z for the procedure and record reasons for failure for each procedure receiving a Y or Z grade. A scoring grid will be used to determine a pass or fail final result.

Clinical III

When requested by a candidate, 2 examiners will independently evaluate (P,Y,Z) the indicated procedure step (with the exception of Criteria 1 which can be evaluated at any time by one examiner). Once both examiners have completed their evaluation, the Presiding Examiner will be asked to evaluate the procedure. While the Presiding Examiner is evaluating, the examiners will correlate their evaluations and record a P, Y or Z grade for the procedure steps. In cases of disagreement the Presiding Examiner will arbitrate the result. The Presiding Examiner will verify all Z grades. Once all procedure steps have been evaluated for a procedure, the examiners will independently determine an overall P, Y or Z grade for the procedure. The examiners will correlate this overall grade and verify it with the Presiding Examiner. Reasons for failure will be recorded for each procedure receiving an overall Y or Z grade. A scoring grid will be used to determine a pass or fail final result.

VI GUIDELINES FOR EXAMINERS

Examiners must maintain a professional demeanor at all times and treat candidates courteously and respectfully. Examiners should converse with candidates only as required for the conduct of the examination; even comments meant to put the candidates at ease can be misinterpreted.

VII CRITERIA FOR CLINICAL II AND III EXAMINATIONS

1. Patient Selection, Diagnosis and Treatment Plan and Local Anesthesia (Clinical III only)

P	• medical history accurately completed • all forms including consent forms accurately completed • appropriate acceptable radiograph available • diagnosis is correct • appropriate infection control procedure used • choice of local anesthetic appropriate • patient adequately informed and comfortable • acceptable administration of local anesthetic
Y	• minor correction/additions needed to medical history • forms not accurately filled out • infection control procedures needed minor correction • patient needed more information • patient comfort compromised • poor quality radiograph • no eye protection provided for patient
Z	• major error in recording or interpreting the patient's medical history that would have compromised the patient treatment • diagnosis incorrect • treatment plan incorrect • forms not filled out • uninformed patient • no radiograph available • incorrect choice of local anesthetic • lack of regard for patient comfort (candidate to be dismissed) • unacceptable administration of local anesthetic (candidate to be dismissed) • infection control procedures unacceptable and put patient at significant risk (candidate to be dismissed)

2. Rubber Dam Application when indicated and possible (Clinical III only)

P	• stable clamp • correct clamp • provide adequate access • properly oriented • inverted on teeth in operative area • no oral fluid seepage, or minor seepage that does not affect procedure • patient comfortable with unrestricted airway
Y	• clamp unstable • improper orientation • inadequate access • not inverted in operative area • dam not through contact • minor seepage that has to be controlled • unnecessary minor trauma to gingiva • patient uncomfortable • no floss on clamp
Z	• wrong clamp selected • uncontrollable oral fluid seepage affecting procedure • unnecessary trauma to gingiva or damage to tooth requiring repair • dam not used when indicated and possible • patient compromised by rubber dam placement

3. Cavity Preparation for Direct (Amalgam, Composite Acrylic Resin) Restoration

	<u>External Outline Form</u>		<u>Internal Form</u>		<u>Finish</u>
P	Based on the location and extent of the decay present, adequately extended for convenience of preparation and restoration, for removal of decalcification caries and contiguous fissures. Proximal margins clear adjacent teeth.	P	- Extended to provide adequate bulk for strength - Adequate retention - pulpal and cervical floors parallel to occlusal plane when appropriate - resins - rounded internal line angles	P	- complete caries removal - smooth cavosurface margins with all unsupported enamel removed - cavity free of debris
Y	- Supporting tissues unnecessarily traumatized - minor damage to adjacent tooth - under-extended	Y	- unnecessary removal of tooth structure - inadequate retention and/or resistance form	Y	- minor amount of softened dentin remaining on pulpal or axial walls - excessive roughness of cavity wall and/or cavosurface margins - unsupported enamel that needs minor correction - presence of debris
Z	- unnecessary over-extension past line angles - mutilation of hard and/or soft tissue - damage to adjacent tooth requiring restoration	Z	- grossly excessive removal of tooth structure (candidate to be dismissed and provisional restoration to be placed by an examiner) - avoidable pulpal exposure - cavity devoid of retention and resistance form	Z	- caries remaining at DEJ - gross caries remaining (candidate to be dismissed and provisional restoration to be placed by an examiner) - enamel grossly undermined

4. Pulp Protection and Matrix Application

	<u>Pulp Protection (Selection)</u>		<u>Pulp Protection Placement</u>		<u>Matrix Application (When Applicable)</u>
P	• Liner/base materials correct for situation	P	• Liner/base material placed correctly with regard to sequence, quantity, thickness, form and location	P	• Appropriate matrix used • Wedged acceptably when indicated • Stable • Acceptable contour
Y	• Liner/base materials incorrect for situation	Y	• Liner/base material incorrectly placed with regard to sequence, quantity thickness, form and location	Y	• contour incorrect but can be used and modified during finishing
Z	• Liner/base not placed when indicated	Z	• Gross amounts placed in incorrect areas • Material manipulated incorrectly so as to compromise patient's treatment	Z	• Incorrect placement will cause restoration to be unacceptable, e.g. open contact, overhang, deficiency

5. Completed Direct (Amalgam, Composite Resin, Gold Foil) Restoration

This criterion is to be evaluated during the same clinic session in which the restoration was placed

	<u>Surface Quality</u>		<u>Margin Integrity</u>		<u>Contours & Function</u>		<u>Esthetics*</u>
P	• Uniform smoothness of entire surface OR • Generally smooth with area of roughness on restoration surface	P	• Junction of tooth/restoration not detectable with explorer OR • Junction of tooth/restoration slightly detectable but will not impair longevity of restoration	P	• Physiologic tooth contours of occlusal & proximal surfaces restored • Necessary proximal contact restored • Occlusal contact in harmony with opposing dentition OR • Slightly over contoured or under contoured. • Morphological features poorly defined • Proximal contact light	P	• Restoration colour in harmony with tooth restored and adjacent teeth where possible.
Y	• Surface very rough or exhibits deep scratches but can be improved without replacement • Correctable void	Y	• Pronounced marginal discrepancy including flash and overhangs less than .5 mm must be altered to become acceptable	Y	• Over contoured or undercontoured. • Occlusal morphology completely lacking • Excessive occlusal contact • Minor damage to hard and/or soft tissue	Y	• Marks made by metal instruments left on surface • Situation correctable
Z	• Restoration must be replaced for reasons of unacceptable surface quality	Z	• Non-correctable marginal discrepancy • Large apparent defects • Loss or fracture of part of restoration • overhang larger than .5 mm	Z	• Restoration fractured or loose • Gross unnecessary damage to hard and/or soft tissue • No proximal contact • No occlusal contact where positive contact is indicated • Restoration must be redone	Z	• Colour of restoration not acceptable and restoration must be redone

* Only if tooth-coloured restoration placed

6. Preparations for Cast Restoration

	<u>Path of Withdrawal/Insertion</u>		<u>Resistance & Retention</u>		<u>Preservation of Tooth Vitality and Structural Durability of Preparation & Restoration</u>		<u>Finish Line (Margins)</u>
P	• No undercuts present • Restoration will be able to be placed into and removed from the arch and maintain proper proximal contact form OR • Minor undercuts that can be dealt with during laboratory procedures	P	• Having regard for crown length the preparation has sufficient resistance and retention • Some slight overpreparation may be present	P	• Consistent with removing the minimal amount of tooth material, acceptable preparation has been performed to permit the fabrication of an esthetic and functional restoration • Preparation is smooth and has no sharp or unsupported areas and no remaining caries	P	• Margin is adequately placed, formed and is identifiable. It is smooth, continuous and has no steps. • Dimension of margin is not ideal in all areas but is acceptable. • Distinct gingival bevel when indicated.
Y	• Preparation will not allow restoration to be placed in the arch without minor alteration to the preparation or to the adjacent teeth.	Y	• Auxiliary retention or resistance is needed and can be attained with further preparation or resistance and retention has been compromised because preparation has been overprepared.	Y	• Further preparation needed to attain above • Unnecessary over-preparation • Adjacent teeth unnecessarily damaged. • Minor amount of softened dentin remaining on pulpal or axial walls • Unsupported enamel that requires minor correction • Presence of debris	Y	• Incorrect margin placement, form or dimension, but correctable with further preparation (for example, on an occlusal contact, or gingival) • No gingival bevel
Z	• Above defect must be corrected with root canal treatment or major adjustment to the preparation or to adjacent teeth	Z	• Resistance or retention has been seriously compromised by overpreparation • RCT, preparation of an additional abutment tooth, or other method, is needed to attain an acceptable situation	Z	• Overprepared so that RCT or an alternate preparation design is required. Adjacent teeth damaged to the extent that a restoration is required • Avoidable pulpal exposure occurs • Gross caries remaining (candidate to be dismissed and provisional restoration to be placed by an examiner). • Grossly undermined enamel	Z	• Incorrect margin placement, form or dimension that is correctable only through auxiliary procedures.

7. Provisional Restoration

	<u>Marginal Contour & Adaptation</u>		<u>Contour</u>		<u>Occlusal</u>		<u>Polish & Cementation</u>
P	• Margins open less than .5 mm or overextended by less than .5 mm	P	• Acceptable contour for gingival health, esthetics and durability of restoration including presence of interproximal contacts	P	• Acceptable occlusal contacts or minor interferences present	P	• Acceptable polish and no cement left in sulcus. A few small voids present • Correct cement used
Y	• Margins open more than .5 mm • Margins over or under-contoured or over extended by more than .5 mm • Excess direct provisional material extending into sulcus	Y	• Adjustment to contour required to achieve acceptability	Y	• Adjustment required to achieve stable contacts or eliminate interferences, or no occlusal contacts present	Y	• Cement left in sulcus or on restoration • Inadequate polish
Z	• Margins are not correctable and new provisional restoration must be made • Margins open by more than 1 mm • Direct provisional restoration must be removed and replaced	Z	• Fabrication of new provisional required	Z		Z	• Restoration must be removed and recemented • Incorrect cement used

8. Impressions

	<u>Tray</u>		<u>Material</u>		<u>Impression Surfaces</u>
P	• Tray is rigid, has appropriate relief, no wax residue and is properly extended. Stops are correctly placed, borders are rounded, handles adequately placed and surface is clean and smooth.	P	• Impression material suitable for clinical situations and candidate knows the physical properties and handling characteristics of the material.	P	• Impression has a detailed reproduction of the prepared teeth, other teeth and soft tissue. Defects may be present in noncritical areas.
Y	• Tray has correctable deficiencies or needs trimming or smoothings • Tray not perforated when indicated for impression material used	Y	• Appropriate material but candidate <u>unfamiliar</u> with properties or handling characteristics	Y	
Z	• Tray must be remade	Z	• Inappropriate impression material selected	Z	• Defects in critical areas • Impression needs to be remade

9. Dies, Casts, Articulation and Casting

Although a laboratory technician may perform the procedures, the candidate is responsible for the quality of the work

	<u>Dies</u>		<u>Casts</u>		<u>Articulation</u>
P	• Dies properly trimmed and acceptable	P	• Accurate master cast and opposing cast • Casts properly trimmed • Small defects in nonessential areas	P	• Casts accurately mounted on a clean, appropriate articulator • Acceptable neatness
Y	• Die needs more trimming or overtrimmed	Y	• Casts not trimmed sufficiently • Voids or blebs in critical areas, but these could be corrected	Y	• Error that can be corrected without reappointment of the patient • Nonacceptable neatness
Z	• Die not usable	Z	• Cast needs to be remade	Z	• Reappointment of patient required to remake jaw relation records

	<u>Marginal Integrity and Fit of Casting</u>		<u>Contour, Proximal Contact</u>		<u>Occlusion on Articulator</u>
P	• Tooth/restoration junction just detectable but margin not open • Restoration fully seated on die	P	• To ensure proper physiological stimulation of supporting tissues, proximal contour is in harmony with existing tooth form or that of form being replaced • Proximal embrasures and <u>proximal contacts</u> restored to give positive, but not excessive, resistance to dental floss	P	• Occlusion acceptable
Y	• Margin is open or flash is present but can be corrected • Definite catch at the tooth/restoration junction • Casting is not fully seated but can be seated with adjustment	Y	• Restoration overcontoured proximally or in interproximal embrasure • Lack of interproximal contact • Proximal contour not in harmony with existing tooth form, or that of form being replaced	Y	• Heavy occlusal contacts or interferences that can be corrected
Z	• Defect not correctable • Restoration will not seat or it rotates • Not correctable	Z	• Defects in the proximal contour or proximal contour cannot be corrected and restoration has to be remade	Z	• Restoration must be remade because occlusions not acceptable

10. Finished Cast Gold Restoration

	<u>Surface Quality</u>		<u>Margin Integrity</u>		<u>Contours and Function</u>
P	• Exceptional smoothness of entire surface resulting in a high lustre finish OR • Generally smooth resulting in an acceptable luster finish which could be improved but is acceptable	P	• Junction of tooth/restoration not detectable with explorer or junction of tooth/restoration slightly detectable but will not impair longevity of restoration	P	• Physiologic tooth contours of occlusal and proximal surfaces restored • Necessary proximal contact restored or light contact • Occlusal contact in harmony with opposing dentition • Slightly overcontoured or undercontoured or poorly defined anatomy but would not affect function
Y	• Surface rough or exhibits scratches which must be removed to make acceptable	Y	• Pronounced marginal discrepancy; must be altered to become acceptable	Y	• Severely overcontoured or undercontoured • Occlusal morphology lacking • Excessive occlusal contact or occlusal contacts lacking • Minor damage to hard and/or soft tissue • Adjustment needed to make acceptable • Open proximal contact area
Z	• Restoration must be replaced for reasons of unacceptable surface quality	Z	• Non-correctable marginal discrepancy • Restoration must be replaced • Large apparent defects • Loss or fracture of restoration or tooth structure	Z	• Gross unnecessary damage to hard and/or soft tissue • No occlusal contacts present and would cause supraeruption • Non-correctable contours

11. Diagnostic Wax-up

	<u>Centric & Excursions</u>		<u>Anatomy</u>
P	• Correct centric stops, opposing teeth waxed up if necessary no interferences introduced in the wax-up	P	• Anatomy of wax-up acceptable, could be used to make provisional crown/bridge for patient
Y	• Centric stops present but slight interferences introduced by wax-up (no more than .5 mm opening on excursions, or slight movement in centric)	Y	• Anatomy resembles teeth but needs more definition (contours may be excessive or not enough contour present)
Z	• Gross discrepancies introduced (no closure on centric, gross interferences on excursions)	Z	• Very rough and undefined, could not serve as a model for a functional provision crown/bridge for patient

12. Occlusal Adjustment

	<u>Articulator Adjustment</u>		<u>Centric</u>		<u>Protrusive Adjustments</u>		<u>Lateral Excursions</u>
P	No changes needed, candidate understands how to adjust the articulator properly	P	- All centric stops maintained - No slide into centric	P	- All corrections made to casts correctly OR - Minor corrections needed but concept is correct	P	- All corrections made to cast correctly OR - Minor corrections needed but concept is correct
Y	Candidate did not do all the adjustments correctly	Y	- Most centric stops maintained - Minor slide into centric (<.5 mm)	Y	Corrections needed in multiple posterior areas in protrusive movements, anterior occlusion open less than 1 mm	Y	- Less than .5 mm overreduction of adjusted areas OR - Minor working or non-working interferences still present (no more than .5 mm opening on lateral excursions) - Shimstock catches on interferences during excursions
Z	- Candidate did not make any changes to the articulator according to the instructions OR - Articulator adjusted with negative angles	Z	- Centric stops removed to the extent the teeth would overerupt OR - Major slide into centric (> .5 mm)	Z	- No protrusive corrections made - Incorrect adjustments (e.g. centric stops removed) - Major interferences still present, anterior occlusion open more than 1 mm in protrusive	Z	- No adjustments made for excursions - Centric stops removed - Major non-working or working interferences still present (more than 1 mm)

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
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CLINICAL EXAMINATION III

THIS FORM MUST BE KEPT IN VIEW AND A SIGNATURE OBTAINED FROM THE ASSIGNED EXAMINERS FOR EACH STEP SHOWN BELOW. RETURN THE FORM TO THE EXAMINERS AT THE COMPLETION OF THE CLINICAL EXAMINATION III.

Candidate Name: _____
Name of Patient: _____

Candidate Number: _____

CAST GOLD RESTORATION

Tooth _____
Anesthesia type _____

Surfaces _____
Dosage _____

EXAMINERS' SIGNATURES

1. Patient selection, diagnosis and treatment plan, including preoperative bitewing radiograph (before local anesthesia or rubber dam placement) (one examiner only).
2. Local anesthesia (one examiner only).
3. Rubber dam application and cavity preparation
 - a) Inlay/onlay - sealed rubber dam in place
 - b) 3/4 crown - rubber dam optional
4. Pulp protection (when indicated)
 - a) Inlay/onlay - sealed rubber dam in place
 - b) 3/4 crown - rubber dam optional
5. Ramitec impression submitted and provisional restoration

NOTE: THE ABOVE FIVE STEPS MUST BE COMPLETED AND EVALUATED WITHIN A SINGLE MORNING OR AFTERNOON SESSION

6. Final Impression.
7. Dies, casts, articulation and casting (with patient present).
8. Precementation evaluation
 - a) Inlay/onlay - sealed rubber dam in place
 - b) 3/4 crown - rubber dam optional
9. Cementation (observed by one examiner)
10. Completed Cast Gold Restoration (rubber dam removed)

NOTE: STARTING A PROCEDURES ON A PATIENT WITHOUT THE PERMISSION OF AN EXAMINER MAY CONSTITUTE FAILURE IN THAT PROCEDURE.

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LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

CLINICAL EXAMINATION III

THIS FORM MUST BE KEPT IN VIEW AND A SIGNATURE OBTAINED FROM THE ASSIGNED EXAMINERS FOR EACH STEP SHOWN BELOW. RETURN THE FORM TO THE EXAMINERS AT THE COMPLETION OF THE CLINICAL EXAMINATION III.

Candidate Name: _____
Name of Patient: _____

Candidate Number: _____

DIRECT (AMALGAM AND COMPOSITE RESIN) RESTORATION

Tooth _____

Surfaces _____

Anesthesia type _____

Dosage _____

EXAMINERS' SIGNATURES

1. Patient selection, diagnosis and treatment plan including preoperative bitewing radiograph (before local anesthesia and rubber dam placement) (one examiner only).
2. Local anesthesia (one examiner only).
3. Rubber dam application and cavity preparation.
4. Pulp protection and matrix application (rubber dam in place).
5. Completed restoration (rubber dam removed).

NOTES:

1. THE ABOVE FIVE STEPS MUST BE COMPLETED AND EVALUATED WITHIN ONE HALF-DAY SESSION OF THE EXAMINATION.
2. STARTING A PROCEDURE ON A PATIENT WITHOUT THE PERMISSION OF AN EXAMINER MAY CONSTITUTE FAILURE IN THAT PROCEDURES.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

EXAMINATION FEE SCHEDULE

January 1 - December 31, 1995

- A. **APPLICATION FEE** - for ALL examination candidates (payable **ONCE ONLY**, when applying and non-refundable) 125.00

B. **EXAMINATION FEES**

- | | | |
|----|-------------------------------|----------|
| 1. | Written examination | 125.00 |
| 2. | Clinical examination - Part I | 900.00 |
| | - Part II | 1,350.00 |
| | - Part II(c) Only | 450.00 |
| | - Part III | 1,800.00 |

Any candidate who fails one portion of the comprehensive examination will be reimbursed in full for the paid untried subsequent portion(s).

No examination fee will be refunded to a candidate who commences a portion of the examination and for any reason does not complete that portion of the examination.

- C. **EXAMINATION WITHDRAWAL FEES** (applicable after registration deadline dates)

225.00

Withdrawal from Written Examination

Withdrawal From Clinical I, II, and/or III

225.00

- | | | |
|----|---|----------------------------|
| 1. | Prior to 30 days of examination date | |
| 2. | 30 days before the examination | 50% of the examination fee |
| 3. | 15 days before the examination | Full Fee |
| 4. | Withdrawal at the examination site or failure to appear at examination without prior notification | Full Fee |

Candidates registered for both Clinical II and III, who are successful in Clinical II and who do not proceed to Clinical III will forfeit the full fee for Clinical III

D. **MANUAL, RESCORING AND/OR REREADING**

Written or Clinical I Examinations 100.00

E. **APPEALS FILING FEE**

Clinical II and III Examinations 350.00

ALL PAYMENTS SHOULD BE IN CANADIAN FUNDS TO THE ORDER OF THE NATIONAL DENTAL EXAMINING BOARD OF CANADA. FUNDS FROM OUTSIDE OF CANADA MUST BE SENT IN THE FORM OF A BANK DRAFT, **NOT A CHEQUE**.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

FEE SCHEDULE
1 January - 31 December 1995

A. **REGISTRATION FEE** 490.00

B. **EXAMINATION FEES**

- | | |
|---------------------------------|--------|
| 1. Written examination | 225.00 |
| 2. OSCE (for graduates in 1996) | 450.00 |

No examination fee will be refunded to a candidate who commences a portion of the examination and for any reason does not complete that portion of the examination.

C. **EXAMINATION WITHDRAWAL FEES** (applicable after registration deadline dates)

Withdrawal from the Written or OSCE Examination - 225.00

D. **REREADING / HANDSCORING FEE**

Written and OSCE Examinations 100.00

ALL PAYMENTS MUST BE IN CANADIAN FUNDS TO THE ORDER OF THE NATIONAL DENTAL EXAMINING BOARD OF CANADA. FUNDS FROM OUTSIDE OF CANADA MUST BE SENT IN THE FORM OF A BANK DRAFT, **NOT A CHEQUE**.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

MEETING DATES -1995

<u>MEETING</u>	<u>DATE</u>	<u>LOCATION</u>
Appeals & Finance Committee	10 April	Ottawa
Executive Committee	11 April	Ottawa
Finance Committee	18 October	Teleconference
Appeals Committee	2 November	Ottawa
Executive Committee	3 November	Ottawa
Annual Meeting	4 & 5 November	Ottawa

CERTIFICATION EXAMINATION DATES AND LOCATION - 1995

<u>EXAMINATION</u>	<u>DATES</u>	<u>LOCATION (CANADA)</u>	<u>APPLICATION DEADLINE</u>
WRITTEN	March 6	*	December 31, 1994
	June 6	*	April 7, 1995
	December 4	*	September 30, 1995
CLINICAL PART I	May 8	**	December 31, 1994
	June 26	**	April 7, 1995
	October 2	**	August 15, 1995
CLINICAL PART II	May 29 & 30	Toronto	December 31, 1994
	August 14 & 15	Montreal	April 7, 1995
	December 11 & 12	Halifax	August 15, 1995
CLINICAL PART III	May 31, June 1 & 2	Toronto	December 31, 1994
	August 16 - 18	Montreal	April 7, 1995
	December 13 - 15	Halifax	August 15, 1995

* According to Board policy, a Written Examination centre will be established in the Canadian dental schools and candidates will be assigned to the one closest to them.

** According to Board policy, Clinical Examination I centres may be established in Canada in several areas, provided that a minimum of 25 candidates apply in that area.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

PROPOSED CERTIFICATION EXAMINATION DATES AND LOCATION - 1996

<u>EXAMINATION</u>	<u>DATES</u>	<u>LOCATION (CANADA)</u>	<u>APPLICATION DEADLINE</u>
WRITTEN	March 18	*	January 10, 1996
	June 3	*	April 7, 1996
	December 2	*	September 30, 1996
CLINICAL PART I	May 6	**	January 10, 1996
	June 25	**	April 7, 1996
	October 1	**	August 15, 1996
CLINICAL PART II	May 3 & 4	Toronto	January 10, 1996
	August 19 & 20	Montreal	April 7, 1996
	December 9 & 10	Halifax	August 15, 1996
CLINICAL PART III	February 19-21	Vancouver	December 1, 1995
	June 5 - 7	Toronto	January 10, 1996
	August 21 - 23	Montreal	April 7, 1996
	December 11 - 13	Halifax	August 15, 1996

N.B.: The certification examination consists of a written and a 3-part clinical examination. According to National Dental Examining Board by-laws each portion of the examination must be taken consecutively and in the following order:

Written

Clinical Part I

Clinical Part II

Clinical Part III

Failure in one portion denies the right to proceed to the next one.

Examination registration **will not** be accepted before November of the previous year.

* According to Board policy, a Written Examination centre will be established in the Canadian dental schools and candidates will be assigned to the one closest to them.

** According to Board policy, Clinical Examination I centres may be established in Canada in several areas, provided that a minimum of 25 candidates apply in that area.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Annual Meetings

The 1994 Annual Meeting of the Council of the RCDC was held in Vancouver on Saturday, October 1st, preceded by the Convocation and Annual Dinner the previous evening, where we were pleased to welcome both the CDA and FDI Presidents as our guests, among other dignitaries.

At the Convocation 12 new Fellows and 18 new Members were admitted to the College, bringing total numbers to 426 Fellows and 357 Members. The total number of licensed specialists in Canada is 1,694.

Dr. F. James Marshall, prominent Endodontist and the teacher of many Canadians in the specialty, was admitted to Honorary Fellowship, and he provided the Convocation address.

2. Council and Chief Examiner Vacancies

Elections were held in the spring for two positions on Council and Dr. Jim Shosenberg and Dr. Howard Tenenbaum, Dental Public Health and Dental Sciences respectively, both from Toronto, are the new members of Council, succeeding Drs. Gordon Thompson and Chris Lavelle.

The terms of Dr. William Fleming and Dr. Herb Ptack, Chief Examiners in Dental Sciences and Prosthodontics, were completed in 1994, and Council approved the appointment of Drs. Daniel Haas and Robert Clappison, both of Toronto, to succeed them.

The complete list of Officers, Councillors and Chief Examiners is as follows:

President	R. John McComb, Toronto
Past President	Guy Maranda, Ste-Foy
Vice President	Michael MacEntee, Vancouver
Registrar	Keith C. Titley, Toronto
Examiner-in-Chief	Charles G. Baker, Edmonton
Secretary-Treasurer/ Executive Director	Kay Montgomery, Toronto

	<u>Councillor</u>	<u>Chief Examiner</u>
Dental Public Health	Jim Shosenberg	Robert Romcke
Dental Sciences	Howard Tenenbaum	Daniel Haas
Endodontics	John Fraser	William Christie
Oral & Max. Surgery	Richard Stapleford	David Precious
Oral Pathology	Robert Priddy	Edmund Peters
Oral Radiology	Paula Sikorski	Axel Ruprecht
Orthodontics	Michael Wainwright	Robert Faith
Pediatric Dentistry	Marvin Klotz	Keith Morley
Periodontics	Allen Wainberg	Fred Muroff
Prosthodontics	Brian Kucey	Robert Clappison

3. Examinations

Part I and II of the Fellowship Examinations were offered in May/June and October/December, 1994, with the following results:

	<u>Part II</u>		<u>Part I</u>	
	<u>Pass</u>	<u>Fail</u>	<u>Pass</u>	<u>Fail</u>
Dental Public Health	-	-	2	-
Endodontics	1	-	2	-
Oral and Max. Surgery	6	6	-	-
Oral Pathology	2	-	-	-
Orthodontics	2	-	21	-
Pediatric Dentistry	2	-	6	3
Periodontics	-	-	10	2
Prosthodontics	1	1	2	-
	<u>14</u>	<u>7</u>	<u>43</u>	<u>5</u>

Written examinations were held in Vancouver, Edmonton, Saskatoon, Winnipeg, London, Toronto, Montréal, Québec City, Halifax, Boston, Los Angeles, Philadelphia, Portland (OR), and Stoney Brook (NY), Hong Kong and Greece, with the orals in Vancouver and Toronto.

Now that the College no longer offers Membership in the College for those passing the Part I examination (previously called the Membership Examination) there will be decreasing revenues from annual dues for Members. The 1994 Council therefore had to review the resulting implications, and concluded that the examination fees should be structured so that the routine deficits experienced in the operation of examinations were no longer covered by the College's general revenues. Examination fees for 1995 were increased from \$800. to \$1000.

for the Part I examinations, and for those groups only offering a single examination equivalent to Part II and providing Fellowship (Oral and Maxillofacial Surgery, Oral Pathology and Dental Sciences) the fee will be \$2,000.

4. Examiners' Workshop

A workshop for College examiners will be held in August 1996, in conjunction with the annual meetings of the College's Council and Examinations Committee. The theme and guest speaker are presently under discussion, and when the program is approved, representatives from the national and provincial dental organizations will be notified and invited.

Respectfully submitted,

John McComb

President, Royal College of Dentists of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Royal College of Dentists of Canada as information.

CANADIAN ACADEMY OF ENDODONTICS

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. The Annual Meeting for the Canadian Academy of Endodontics was held at The Lodge at Kananaskis, Alberta on August 25-28, 1994. There were 52 registrants at the meeting.
2. New slate of officers for 1994-95:

President	Dr. Paul Teplitsky
President-Elect	Dr. Terry Smorang
Treasurer	Dr. Calvin Pike
Secretary	Dr. Carl Hawrish
Constitution and Bylaws	Dr. Ray Greenfeld
Past President	Dr. Wayne Pulver
3. The resume of our new President, Dr. Paul Teplitsky, is forwarded for inclusion in the CDA Journal.
4. Our next Executive Meeting will be held at the Westin Hotel, Winnipeg, Manitoba on February 3-5, 1995. The Standards of Practice Committee will meet at the same time.
5. Our next Annual Meeting will be at the Westin Hotel, Ottawa, Ontario, on September 13-17, 1995.

Respectfully submitted,

Carl E. Hawrish
Executive Secretary
Canadian Academy of Endodontics

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Endodontics as information.

CANADIAN ACADEMY OF ORAL RADIOLOGY

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Academy of Oral and Maxillofacial Radiology held their 22nd Annual Meeting and Scientific Sessions on August 19 & 20, 1994 in Toronto, Ontario under the chairmanship of Dr. Paula Sikorski.

The evening session on August 19 consisted of a clinical radiology conference, where cases submitted by members were presented and discussed.

Nine abstracts were presented at the scientific session on August 20 and are listed below:

Radiographic Practices by Ontario General Dentists R.N. Bohay, S.L. Kogon, R.G. Stephens

Receiver Operating Characteristics of Radio VisioGraphy M. Dagenais

Demographics of a Patient Database of a University Based Radiology Clinic L. Lee

The Effect of Horizontal Angulation on the Ability to Detect Condylar Defects on Temporomandibular Joint Tomograms G.V. Pakota

Radiotherapy Dose for Treatment of Intra-oral Tumours: A Comparison of Absorbed Doses Calculated by Treatment Planning and Absorbed Doses Determined by Electron Spin Resonance in Dental Enamel B. Pass, R. Wood, P. Scallion, P. McLaughlin

Radiographic Differentiation of Osteogenic Sarcoma, Osteomyelitis and Fibrous Dysplasia of the Jaws C.G. Petrikowski, M.J. Pharoah, L. Lee

Sensitometric Responses of a New E-speed Dental Radiographic Film C. Price

The Influence of Number of Restorations on the Detection of Caries from Bitewing Radiographs J. Sinton, M. Pharoah, R. Wood, A. Csimas, D. Lewis

Comparison of Ultra Speed, Ekta Speed Plus and Sens-A-Ray for Endodontic Working Length Estimation. D. McDonnell, J. Coll

The annual general meeting followed on August 20. Highlights of the annual general meeting are summarized below.

There has been a change in representation from Oral Radiology in the RCDC. Dr. Colin Price has completed his final term as Councilor and Dr. Sikorski has been elected to that position. Dr. Axel Ruprecht has been appointed Chief Examiner in Oral Radiology. Dr. Sikorski said that the Fellowship Part I examination will possibly undergo modification because it is the current standard for specialty licensure in Ontario. Any modifications will be done by the new Chief Examiner in radiology.

The RCDS has approached Dr. Michael Pharoah for his opinion regarding the examination process for specialty licensure for oral radiologists in Ontario. Members of the Ontario Society of Oral Radiologists have been approached for input. Ontario is currently using Part I of the RCDC examination as the standard for specialty licensure in Ontario.

Dr. Axel Ruprecht, the Constitution and Bylaws Committee Chairman, proposed several changes to the C & B of the Academy. The name of the Academy will be changed to the Canadian Academy of Oral and Maxillofacial Radiology, with the French equivalent of Academie Canadienne de Radiologie Buccale et Maxillofaciale. The Insignia of the Academy will change to reflect the Academy name change. Other changes to the C & B include deletion of the Committee on Public and Professional Relations and the addition of a Committee on History of the Academy. Other minor editorial changes will be made to the new C & B, including changing "his" to a gender-neutral term and correcting typographical errors. Dr. Ruprecht will send a copy of the amended Constitution and Bylaws to the CDA to insure that our C & B are acceptable to the CDA.

Dr. Colin Price will attend the meeting of specialty presidents/representatives and CDA Management Committee as the representative in Oral Radiology on October 1, 1994 in Vancouver.

Dr. Wood invited submissions from members of the Academy to the CDA Journal upcoming special issue commemorating the 100-year anniversary of the discovery of x-rays in November 1995.

The 23rd meeting of the Academy will be held in Montreal, PQ in August 1995 and will be chaired by Dr. Paula Sikorski. The date of our meeting will be announced after the CDA and RCDC meeting dates have been announced so that we can avoid conflicts with these meetings. Our meeting may possibly be combined with the 1995 CDA meeting.

Respectfully submitted,

CG Petrikowski, DDS, MSc, Dip Oral Rad, MRCD(C)
Secretary-Treasurer
Canadian Academy of Oral Radiology

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Academy of Oral Radiology as information.

CANADIAN ASSOCIATION OF ORTHODONTISTS

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Association of Orthodontists held its Annual Scientific Session in Vancouver, B.C. on September 29-30 and October 1, 1994. The President, Dr. Michael Wainwright of Vancouver presided. Also in attendance was A.A.O. President Dr. William De Kork.

1. A new slate of Executive officers was elected. They are:

President:	Dr. Lee Erickson, Dartmouth, Nova Scotia
President-elect:	Dr. John Kalbfleisch, Mississauga, Ontario
1st Vice President:	Dr. Ed Yen, Vancouver, B.C.
2nd Vice President:	Dr. Ron Markey, Vancouver, B.C.
Secretary-Treasurer:	Dr. Arlene Dagys, Toronto, Ontario

2. Future Meetings Sites and Dates

1995 - Ottawa	September 13-16	Château Laurier Hotel
1996 - Toronto		
1997 - Edmonton		
1998 - Montreal		
1999 - Halifax		

3. Canada, through the C.A.O. will be one of the founding members of the World Federation of Orthodontists. The 4th International Orthodontic Congress held May 12-17, 1995, in San Francisco will be the site of a meeting of all founding members with the first official W.F.O. meeting in May 2000 in conjunction with the 100th Annual Session of the A.A.O.
4. Dr. Robert Hicks has agreed to become our Annual Scientific Session Coordinator. He will also be tasked with coordinating the Grieve Memorial Lecture.
5. We note with pleasure, the signing of the final agreement with the C.D.A. concerning the Grieve Memorial Lecture.
6. We are pleased to announce that Dr. Donald Woodside was presented with the C.A.O. Distinguished Service Award at our last annual meeting in Vancouver. Dr. Michael Cipton has been invited to receive the 1995 Distinguished Service Award, to be presented at our 1995 Annual Scientific Session in Ottawa.

7. Active membership in the C.A.O. as of September, 1994, sites at 437. With all life, honorary, retired and student members added, the total C.A.O. membership is 525. Excluding retired and student members this represents approximately 73% of all potential members. Dr. Arlene Dags continues to do an excellent job as our Membership Chair.
8. In a major policy shift, the C.A.O. has approved a proposal to increase annual fees from \$150.00 per year to \$260.00 per year. This will allow us to offer our annual scientific session free as a membership perk. We hope this move will be as successful for us as it has been for other organizations.
9. We have held two meetings with RCDC examiners; March 4, 1994, with provincial orthodontic representative to discuss problems with the RCDC written examination as it pertains to specialty certification and on April 29, 1994, with representatives from Canadian orthodontic faculties to discuss exam content. Booth meetings were extremely productive and we are well on our way towards obtaining an exam we feel can be proudly used for orthodontic specialty certification. Dr. Ed Yen will chair this committee.
10. The Canadian Fund for the Advancement of Orthodontics boasts almost 40% of CAO members as having become McIntyre Fellows through their donations to C.F.A.O. Our efforts continue with a funding drive directed at the corporate community.
11. The Executive and Board of Directors congratulates one of our own Dr. Bryun Sigfstead, on becoming C.D.A. President. We continue to relish the opportunity to work with the C.D.A. for the improvement in dentistry in general and for orthodontics in particular.

Respectfully submitted,

Dr. Lee Erickson, President
Canadian Association of Orthodontists

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Association of Orthodontists as information.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

REPORT TO THE 1995 INTERIM MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Society of Public Health Dentists (CSPHD) held a one half day Annual Business Meeting and a two day Scientific Session at Le Meridien, Vancouver, on October 2, 3 and 4, 1994, in conjunction with the Canadian Dental Association/Federation Dentaire Internationale, 82nd World Dental Congress.

At the Scientific Session, which was jointly sponsored by the CSPHD and the Canadian Association of Dental Consultants (CADC) for members of the CSPHD, CADC and Senior Dental Officers (SDOs), Dr. Luc Dugal representing the Canadian Dental Association spoke to the group about dental fraud. Dr. Colin Price, University of British Columbia spoke on radiographic interpretation. Dr. Alexia Antczak-Boukoms spoke on the value of appropriate review of clinical trials. Dr. Don Lewis, University of Toronto presented on recommended fluoride levels in public water supplies. Dr. Michael MacEntee addressed the group on geriatric dental care and Dr. Michael Martin spoke on the DECOD Program in the University of Washington. Drs. Roger Spink, Gordon Thompson, Peter Cooney and Murray Dickson addressed the CSPHD and SDOs regarding Canadian initiatives to improve the oral health status of developing cultures.

At the business meeting, a number of topics were discussed.

A motion will be circulated to all members of the CSPHD at least sixty days prior to our next meeting in Ottawa in 1995, which will recommend changing the name of the Canadian Society of Public Health Dentists to the Canadian Society of Public Health Dentistry and allow non dental public health specialists full membership in the Society. This motion will be voted upon by the members during the 1995 Annual Business Meeting of the CSPHD.

The Canadian Society of Public Health Dentists is concerned with reductions to publicly funded dental programs across the country.

The CSPHD is attempting to sponsor a post-graduate dental student to undertake a study of all provincially and federally funded dental programs in Canada. This would provide useful comparable information to the earlier study in the 1980s by Dr. John Stamp on the same subject.

The CSPHD membership is very concerned with the fact that there is no strong voice for dentistry with Health Canada at a national level.

It was felt by the Executive and members of the CSPHD that our last year has been successful from a Society's perspective. The membership number are higher than they have been for six years, the

Annual Meeting was well received and a newly-elected staff of editor/associate editors for the Journal of Community Dentistry should help the Society to keep all of its members informed of developments in the field of public health dentistry over the next year.

Respectfully submitted,

Peter V. Cooney, President
Canadian Society of Public Health Dentists

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Society of Public Health Dentists as information.

ANNUAL MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION

ASSEMBLÉE ANNUELLE
DU BUREAU DES GOUVERNEURS
L'ASSOCIATION DENTAIRE CANADIENNE

OTTAWA, ONTARIO

AUGUST 25-26
LES 25-26 AOÛT

1995

**CANADIAN DENTAL ASSOCIATION
BOARD OF GOVERNORS
OFFICERS & OFFICIALS**

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Secretary to the Board of Governors

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A.J. Neilson

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J. Brookfield, President-Elect
B. Dolman, Vice-President

T. Breneman
J. Diggins
L. Dubé

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D. Davis

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D. Pelland	Association des chirurgiens dentistes du Québec
B. Rayter	Manitoba Dental Association
K. Roach	CDA Past President
J. Robertson	CDA Past President
B. Sessle	University of Toronto
K. Titley	Royal College of Dentists of Canada
G. Thompson	Alberta Dental Association/Dentistry Canada Fund
W. Thompson	CDA Past President
R. Thordarson	College of Dental Surgeons of British Columbia
R. Turcotte	New Brunswick Dental Society
J. Wegg	Dentistry Canada Fund
R. Wenn	Dental Council of Prince Edward Island
W. West	Alberta Dental Association
D. Williamson	British Columbia Health
B. Wishart	New Brunswick Dental Society
J. Wright	Canadian Dental Service Plans Inc.

PRESIDENT'S REMARKS
Annual Meeting of the CDA Board of Governors
August 24, 1995

Good Morning Ladies and Gentlemen
Mesdames et Messieurs

Welcome to Ottawa and the 1995 Annual Meeting of the Board of Governors.

It seems strange to be standing here approaching the end of my term as President when it seems such a short time ago that it all started.

It has been a terrific year for the Canadian Dental Association and its members. — And many people deserve credit for its successes.

Two significant successes have been the FDI meeting in Vancouver and the campaign against the taxation of dental benefits. — Two examples where our members worked together to accomplish a goal which no one could do themselves — Although we were successful in our anti-taxation campaign, we may be faced with the same concerns again — We do know, however, that it was the combined efforts of our members carrying out the plan, that of the letter writing campaign, that enabled it to be withdrawn from the budget.

In doing this job you do soon develop an appreciation of the travel schedule of the President — although it is extensive it is a very enjoyable part of the task.

You realize how special this country is and how every part of it is as important as any other part.

During the year, I was fortunate to travel to seven corporate annual meetings. I would like to thank all of you for your hospitality and the opportunity to participate in your activities whether it was your annual business meeting, your golf tournaments, your social events, or in the case of my recent visit to Camp Borden, a game of crud — which is an innovative type of pool game in which I found it advantageous to be on the same team as the General.

Our visit to, and the meeting with the Management Committee of the ODQ at Les Journées dentaires must be mentioned. The efforts put forward by both the Order and the QDSA to visually and verbally convey a spirit of cooperation were obvious. In conversations at the meeting, several members from Quebec expressed how good it was to see everyone working together again.

Since our interim board meeting, management has also met with the executive of the American Dental Association. There is no doubt that we enjoy a good relationship with our American neighbours, and at that particular time we were asked to address their board of trustees — a first for the CDA.

They share many of the same concerns that we do — such as the possibility of taxation of dental plan premiums. — Dentistry's message to Government is essentially the same on both sides of the border — "Don't tamper with the tradition of a private sector Oral Health Care system that works and works well". And don't betray a long standing trust by trying to deal yourself in where you are not needed.

Of course, the amalgam issue is of as much concern for them as it is for us. Although at the time of our meeting there was not much happening in the U.S. with regard to the amalgam issue, we were and still are waiting for a Government report which has been delayed in its release. We are not sure what the report, which is based on review of the literature on the subject will say, but we have recently written to the Minister expressing our concern with regard to the potential for bias in the report, and the consequences of decisions taken on the basis of the Report for treatment decisions.

To this time we have not received a reply from the Minister nor do we have the report — We have however been assured that we will have the opportunity to see it, and comment on it prior to its public release.

Continued consultation with Veterans Affairs Canada has resulted in significant, positive changes to the department's benefit provision & payment guidelines. Balanced billing is accepted in those provinces where VAC pays less than 100% of the provincial fee guide. Copies of records and information relevant to claims for payment will be requested in writing under the revised audit procedures.

It would be difficult to stand here and talk about this year's activities without going back in time somewhat. In 1992, CDA's long term success hinged on moving forward in three vital areas:

1. The development of the CDAnet program.
2. The settlement of all legal issues related to the surplus funds generated by the CDIP Life Plan and
3. The beginning of the preparations for FDI '94.

These demands prompted us to take out a 1.5 million first mortgage on our headquarters building. However, it was clear that any success we enjoyed in these three areas would be meaningless if we were unable to pay off the mortgage in a reasonable period of time while continuing to meet CDA's ongoing and future obligations.

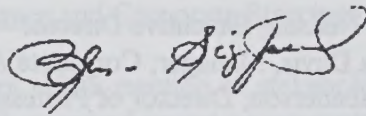
The end result was a five year plan and a commitment by both staff and volunteers to put CDA's house in order. This five year plan involved four specific objectives, of which I know you are aware. It has worked — in the first two years of the five year plan CDA paid down the mortgage to the full extent possible. In this the third year we paid it off altogether, completely fulfilling the first three objectives of the plan and making CDA debt free.

We also established healthy operating reserves and are well on the way to meeting the fourth objective of the plan. It will take some doing but we anticipate that our reserves will reach the desired level of 50% of CDA's annual operating expenses or about \$3 million before the five year plan comes to an end in 1997.

As you have seen and will have confirmed the CDA's budget is healthy again this year. This reflects well both on CDA staff and on our volunteers because it is their hard work and dedication that makes our association work well.

When our association works well, it is recognized by our members and they respond—not only by verbally supporting us but also supporting us with their membership. Our membership numbers have increased and this not only helps our Association on the income side of the financial statement but it is affirmation by our members that we are accomplishing the dictum of our mission statement, "meeting the needs of our members."

This brings to a conclusion my opening remarks—It would be my hope that through these two days the issues that are brought forward can be resolved favorably—and at the end of tomorrow's meeting we can say that the decisions we have taken will make things better for our members.



Bryun Sigfstead, D.D.S.
President

EXECUTIVE COUNCIL

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bryun Sigfstead, Edmonton, Chairman
Dr. James Brookfield, Kirkland Lake
Dr. Barry Dolman, Montreal
Dr. Tom Breneman, Brandon
Dr. John Diggins, Vancouver
Dr. Louis Dubé, Sherbrooke
Dr. Toby Gushue, St. John's
Dr. Richard Sandilands, Edmonton
Dr. David Somer, Hamilton

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Corporate Affairs
Mr. Brian Henderson, Director of Professional Services
Mr. Joel Neal, Director of Administration
Ms. Linda Teteruck, Director of Communications

Coordinator: Mrs. Suzanne Burton

1. Council Meetings

Since the 1995 Interim Meeting of the CDA Board of Governors, the Executive Council has met once, on June 9-10, 1995.

ITEMS REQUIRING BOARD ACTION

2. Appointment of CDA Auditors

RESOLVED:

95.47 THAT the firm of McCay Duff and Company be appointed CDA auditors for the fiscal year 1995.

ADOPTED

3. Canadian Dentists' Insurance Program - 1994 Audited Financial Statements**RESOLVED:**

- 95. 48** **THAT the Audited Financial Statements for the Canadian Dentists' Insurance Program for the year ending December 31, 1994, be approved.**

ADOPTED**APPENDIX I****4. Corporate Structure - CDSPI****a) Report on Governance and Corporate Structure and Related By-Laws - CDSPI**

Following the April, 1995 meeting of stakeholders concerned with the corporate structure of CDSPI, a revised report on governance and corporate structure, which reflected the consensus reached at the stakeholders' meeting, was provided to the Executive Council. Council had reviewed and commented on an earlier version. Executive Council's views were taken into consideration by CDA representatives at the stakeholders' meeting.

On April 24, 1995, CDA was provided with copies of the proposed by-laws associated with CDSPI corporate restructure. CDA Management Committee provided preliminary comment on the draft by-laws, in order for them to be submitted to Industry Canada for preliminary review. This process was followed to facilitate final government approval following the Annual General Meeting of CDSPI members in August, 1995.

Draft by-law #10 and the transitional by-law were reviewed by the Executive Council in June.

RESOLVED:

- 95.49** **THAT the CDA representative to the CDSPI 1995 Annual and Special General Meeting of members support the approval of by-law #10 and the transitional by-law as by-laws of CDSPI.**

APPENDIX II**ADOPTED**

b) Agreements and CDA By-Law Provisions - CDSPI and the Council on Insurance and Investment

Following approval of the proposed by-laws for CDSPI, agreements between CDA and CDSPI and CDA's by-laws will be reviewed in order that the relationship between CDSPI and CDA be appropriately defined and documented.

The **DELEGATION AGREEMENT** between CDA and CDSPI delegates to the Board of Directors of CDSPI the duties of CDA's Council on Insurance and Investment, authorizes CDSPI to perform these duties, and outlines the duties and services to be provided to CDA in relation to the insurance and investment programs.

The **ADMINISTRATION AGREEMENT** outlines the administrative services provided to CDA by CDSPI in connection with the insurance and investment programs.

CDA BY-LAWS Article XVI - Councils, Commissions, Committees - Section 4(c) outline the Terms of Reference for the CDA Council on Insurance and Investment and the appointment of CDA's representatives to the Board of Directors of CDSPI.

During the April, 1995 meeting of stakeholders, the continuing need for a CDA Council on Insurance and Investment was raised. A solution offered suggested that CDA's Executive Council could act in this capacity. New terms of reference would be required to identify this new structure and to stipulate its roles and responsibility, which would differ considerably from those associated with the current Council on Insurance and Investment.

The review process outlined above is subject to approval of the new corporate structure for CDSPI at its Annual General Meeting and by Industry Canada. Therefore,

RESOLVED:

95.50 **THAT the words "if appropriate" be deleted from the following recommendation.**

"THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1996; and

THAT this appointment be revisited, if appropriate, following approval of the restructure of CDSPI."

ADOPTED

RESOLVED:

95. 51 **THAT the Board of Directors of CDSPI be appointed the CDA Council on Insurance and Investment for the calendar year 1996; and**

THAT this appointment be revisited following approval of the restructure of CDSPI.

ADOPTED

c) **CDA Representative to the CDSPI Annual Meeting and Nominating Committee**

The proposed by-laws of CDSPI provide for a Nominating Committee, to be formed from among the members (CDA and CDIP cosponsoring provincial associations), for the dual purpose of selecting directors and assessing their performance. The members are also required to name a representative to the CDSPI Annual General Meeting. CDA will have one permanent seat on the Nominating Committee. The Executive Council appointed Dr. Ron Markey of Vancouver, B.C., to serve as the CDA member representative in regard to both the Annual General Meeting and the Nominating Committee.

5. **CDIP Travel Insurance Plan**

Following Governors' approval of a recommendation to add Travel Insurance to CDIP, several cosponsors requested clarification of the application of Section 10 - Promotion, of the Participation Agreement. Those with extended health packages, inclusive of a travel component, sought assurances that cosponsoring the CDIP Travel Plan would not affect their ability to promote their existing plan coverage.

The Executive Council approved the following recommendation in order that the implementation of the Travel Plan not be delayed. The Board of Governors was notified of this action taken on its behalf on April 11, 1995. The following is presented for Board ratification:

APPENDIX III

RESOLVED:

- 95.52 **THAT CDIP cosponsors who agree to the addition of the Travel Plan to Schedule A of their Participation Agreement with CDA, will not be restricted in the promotion of their extended health benefit packages, inclusive of the travel component.**

ADOPTED

The nine CDIP provincial cosponsors have all agreed to have the Travel Insurance Plan added to Schedule A of their 1995 Participation Agreement with CDA.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**6. Members Assistance Program (MAP)**

At the 1995 Interim Meeting, Governors approved a recommendation from the Council on Insurance and Investment to introduce a Members Assistance Program effective January 1, 1995. Eligibility for the program required participation in any one of the CDIP Life, LTD, and Office Overhead Plans. The funding for the program is provided from the retention costs of the insurer of the foregoing plans.

The Executive Council believes that MAP, which is of benefit to both the profession and the public, should be accessible to all CDA members. This matter will be further explored with CDSPI and reviewed by the Executive Council at its Planning Session.

7. Legal Expense Insurance

CDIP Legal Expense Insurance is now included in the Participation Agreements between CDA and all provincial cosponsors. Plan A is cosponsored in all provinces except British Columbia which cosponsors Plan B.

8. Participation Agreement

The 1996 Participation Agreement was reviewed by Executive Council. No changes were made to the form of the 1995 Agreement approved by the Board of Governors at the 1995 Interim Meeting.

Restrictions imposed by Section 10 - Promotion, continue to cause concern for both CDA and cosponsors. The Ontario Dental Association (ODA) has declared an impediment to its signing the 1995 Participation Agreement. The impediment is caused by the potential for an ODA constituent organization to operate outside the Participation Agreement.

An approach to resolution of this matter was outlined to the ODA in January 1995. As the agreement remains unsigned, CDA has requested a response from the ODA on the approach outlined, and information on any progress made in discussion with speciality sections. As well, the Executive Council has requested that it be informed if it should be examining other options to resolve the issue.

9. **Use of CDIP Life and Disability Plans Surplus**

Section 9 of the Participation Agreement requires the Executive Council to review surplus of the Life and Disability Plans at its June Pre-Board meeting, and to make decisions on utilization. Executive Council reviewed this matter in its trustee capacity, and considered the statements provided through the report of the Council on Insurance and Investment. The trustees agreed to the allocation outlined and with the recommendation that no funds be distributed at this time.

10. **CDIP Name Confusion**

At the request of its Board of Directors, CDSPI has investigated the issue of name confusion between CDSPI and CDIP. Information was circulated to stakeholders, requesting input to the resolution of this concern.

Initial input provided by CDA indicated support for a name change to the CDA Insurance Program. It was suggested that when marketing the CDA Insurance Program, a footnote reference could be made to all cosponsors of the program.

The Executive Council discussed this matter further at its June meeting and considered concerns identified by the Ontario Dental Association (ODA). The Executive Council has requested that CDSPI discuss this issue further with the ODA Insurance Committee and seek solutions which might be acceptable to all cosponsors.

11. **CDIP Grad Program Costs - 1992 and 1993**

The CDA Executive Council, in its capacity as trustee of the Life and Disability Plans Trusts, received a request from CDSPI that it be reimbursed for its funding of the 1992 and 1993 graduate insurance package. \$21,345 was requested from the Life Insurance Plan Trust and \$206,504.15 from the Disability Insurance Plan Trust. The letter of request is appended to the report of the Council of Insurance and Investment and is also included here for convenience.

Executive Council requested and received confirmation from legal counsel that the payment of these costs from surplus funds is consistent with the rulings of the court. The trustees authorized the requested payment and the resolution passed by Council is appended.

APPENDICES IV & V

Based on a request from CDA, CDSPI provided a report on the retention of young lives, and specifically grads and students who participate in the CDIP grad program. The Executive Council has requested that CDSPI examine whether the program's eligibility requirements are the most advantageous in terms of continuing participation in the plans. Particularly, Council believes that membership in organized dentistry, which becomes a requirement for continued participation, should be examined. This matter will be pursued by the proposed Ad Hoc Committee on New Dentists, in consultation with CDSPI.

12. CDA RSP & RIF Eligibility Requirements

CDA has received a written resolution from the Ontario Dental Association, requesting changes to the current policies on eligibility for CDA investment programs. The request was received on June 7, 1995, and meets the stipulated by-law requirements of 30 days notice. The request is contained in a separate section of the resource book.

13. Dental Human Resources Study

The selection committee considering decision of a project consultant will make its decision in June. It is anticipated that the process will commence at that point, and that no further barriers to proceeding will arise.

14. Periodontal Screening and Recording Program (PSR)

The Chairman and CDA representative to the PSR Administrative Committee presented a report to the Executive Council on introducing PSR in Canada.

APPENDIX VI

Executive Council provided input on the proposed lecture series and translation of the resource documents associated with the program. Council also identified some concern with the wording of the materials entitled "After PSR" which will augment the core binder of materials associated with the program. The Chairman was directed to take these comments into consideration and to complete arrangements for the introduction of the PSR program in Canada.

Plans are underway to launch the program to CDA members at the 1995 Convention. Background information and materials have been forwarded to CDA corporate members and provincial licensing bodies. A further reference to this program is found in the report of the Communications and Membership Committee.

15. **Taxation Committee**

As reported at the 1995 Interim Meeting, the Executive Council has identified the necessity of a protocol covering meetings with the federal government in the tax area, to ensure continued ability to deal with issues in an effective and timely manner, and to develop a stronger base of continuity at both the staff and volunteer level. The Chairman of the Taxation Committee has provided comment on the draft protocol and discussion on its implementation is ongoing.

16. **Third Party Dental Plans Conference**

The CDA will convene a Third Party Dental Plans Conference in Toronto on June 23-24, 1995. The objectives of the conference are to consider a variety of issues influencing dental plans today, to develop consensus on the position of organized dentistry and to examine strategies to address the future of dental plans. Dr. Luc Dugal, Chair of the Third Party Dental Plans Committee and Dr. David Somer, member of CDA's Executive Council, have been named as co-chairs for the conference. The report of the Ad Hoc Committee on Guidelines for Dental Plan Design will be considered as a resource during the conference. The conference will report to the Executive Council, and through Executive Council to the Board of Governors.

17. **CDA Publications - Corporate Image**

Information on the establishment of publications standards within CDA was presented to Executive Council. The objective of these standards is to ensure that all CDA publications, letterhead and other materials project a consistent corporate image. The new design associated with the cover of the CDA Journal, Communiqué, and CDA letterhead was favourably received.

18. **MP Contact Program**

The Executive Council has approved the establishment of an MP contact program for CDA. This initiative is based largely on the experience provided during CDA's government relations and communications campaign against the taxation of dental plan premiums. The contact program will formalize and regularize the important dialogue established between organized dentistry and federal politicians. Key objectives of the program are:

- to update local MPs on the many issues the CDA has before the federal government;
- to provide information on dental health, highlighting changes and improvements that may not necessarily be of a federal nature, but are important to the general public and the MPs' constituents;
- to establish a personal working relationship with MPs, so that CDA's concerns can be more easily delivered during a crisis situation;
- to enable CDA to gauge government and opposition support of CDA political positions through regular MP contact.

The program seeks to involve CDA Governors in a leadership and coordinating role, and to install some 295 political contact dentists. The reporting relationship will be provided through the Government Relations Committee.

19. Nomenclature - Speciality Section Organizations

In its report to the Board of Governors, the Council on Constitution & By-Laws sought direction from the Executive Council concerning the proposed change in the name of the Canadian Society of Public Health Dentists (CSPHD). The Society proposes to change its name to the Canadian Society of Public Health Dentistry, and also to accept health professionals, other than dentists, as full members. The Ontario Dental Association raised some concern with this proposal at the 1995 Interim Meeting.

APPENDIX VII

CDA By-Laws provide its sections with the right to determine their own membership. This provision has been in place for several years. The By-Laws also stipulate that only active members of CDA are eligible to serve as section representatives to the CDA. The concern identified by the ODA relating to the CDA role as the "authoritative national voice and resource for dentists" was considered along with CDA's mandate to provide a focus of unity for the profession.

The Executive Council considered these factors, and found that the concern with conflict between the proposed by-laws of the CSPHD and CDA does not present a serious concern at the present time. Statistics on numbers in the various membership categories of sections will be reviewed from time to time to determine if future action is warranted.

20. Appointment of FDI National Treasurer - 1996

At the 1995 Interim Meeting, Governors appointed Dr. Ray Wenn as FDI National Treasurer for 1995. In bringing this appointment recommendation forward, the Executive Council noted that recommendations for appointment for future national treasurers would be made with the intent to provide more than one year's exposure to FDI, in order to foster and advance understanding and interest in the international dentistry scene. The 1995 FDI Congress in Hong Kong will be held in October. A recommendation to appoint the FDI Treasurer for 1996 will be presented at the 1996 Interim Meeting.

21. Honours and Awards**a) Honorary Membership**

The annual nominations for Honorary Membership were reviewed by Executive Council, along with recommendations from the Committee on Nominations and Awards. Honorary Membership in the Canadian Dental Association has been conferred on Dr. Helene Shingles of Sarnia, Ontario and Dr. Arthur Schwartz of Ashern, Manitoba.

b) Distinguished Service Award

Nominations for the Distinguished Service Award and recommendations from the Committee on Nominations and Awards were reviewed by Executive Council. The Distinguished Service Award has been granted to: Dr. Michel Jahjah, Montreal, Quebec; Dr. Dennis Smith, Toronto, Ontario; and Dr. James Wright, Winnipeg, Manitoba.

c) CDA Award of Merit

The Award of Merit has been granted to Dr. Richard Mark Beyers, Waterloo, Ontario, Dr. Marcia Boyd, Vancouver, B.C.; and Dr. Bernie White, Saskatoon, Saskatchewan.

d) Certificate of Merit/Letter of Appreciation

Certificates of Merit have been awarded to:

Dr. Donald Bonang, Halifax, Nova Scotia
Dr. Marcia Boyd, Vancouver, British Columbia
Dr. Wayne Chou, Vancouver, British Columbia

Dr. Robert Clarke, West Vancouver, British Columbia
Dr. Henry Dick, Edmonton, Alberta
Dr. Oleg Kopytov, Montreal, Quebec
Dr. Michael Lasko, Winnipeg, Manitoba
Dr. Ron Markey, Richmond, British Columbia
Dr. Gregory Mitton, Chicago, Illinois
Dr. Ted Ramage, Vancouver, British Columbia
Dr. Roy Rasmussen, Calgary, Alberta
Dr. Geoff Smith, St. John's, Newfoundland
Dr. James Stich, Vancouver, British Columbia
Ms. Maureen Symmes, Edmonton, Alberta
Dr. Philip Watson, North York, Ontario
Dr. George Zwicker, and Mahone Bay, Nova Scotia

Letters of appreciation from the CDA President have been forwarded to:

Dr. Caterina Alvaro, St. Leonard, Quebec
Dr. Robert Armstrong, Port McNeill, British Columbia
Dr. Mac Balfour, Oakville, Ontario
Dr. Paul Castonguay, Grand Falls, New Brunswick
Dr. Kevin Davis, Thornhill, Ontario
Dr. Jeff Dutka, Edmonton, Alberta
Dr. Roger Ellis, Toronto, Ontario
Dr. John Hardie, Tabuk, Saudi Arabia
Dr. Cristina Iafrancesco, Montreal, Quebec
Dr. Nathan Kern, Edmonton, Alberta
Dr. Stella Loscerbo, Winnipeg, Manitoba
Dr. Keith Manning, Edmonton, Alberta
Dr. Patrice Milot, Montreal, Quebec
Dr. Denise Moison, Buckingham, Quebec
Dr. Rod Moran, Toronto, Ontario
Dr. Robert Morin, London, Ontario
Mrs. Marlane Paquin, Vancouver, British Columbia
Dr. Kevin Roach, Pembroke, Ontario
Ms. Susanne Sunell, Vancouver, British Columbia
Dr. George Sweetnam, Lindsay, Ontario
Dr. Gordon Thompson, Edmonton, Alberta
Dr. Ian Vogan, Halifax, Nova Scotia

Further information is contained in the report of the Committee on Nominations and Awards. The Awards Luncheon will be held in conjunction with the Annual Meeting on Friday, August 25, 1995.

The Executive Council extends sincere congratulations to all 1995 recipients for Honors and Awards.

22. CDA Appointments

Since the 1995 Interim Meeting, the President, Dr. Sigfstead, has made the following appointments:

- Mr. Lyle Best of Edmonton, Alberta has been appointed as a member of the Ad Hoc Committee on Dental Plan Design.
- Dr. Tom Breneman of Brandon, Manitoba has been appointed as Executive Liaison of the Ad Hoc Committee on Dental Plan Design.
- Dr. Alf Dean of New Waterford, Nova Scotia has been appointed as a member of the Ad Hoc Committee on Dental Plan Design.
- Dr. Claire Deschamps of Dorval, Quebec has been appointed as affiliate governor for the province of Quebec.
- Dr. Luc Dugal of Calgary, Alberta has been appointed as Chairman of the Ad Hoc Committee on Dental Plan Design.
- Dr. Michael Hagen of Port Dover, Ontario has been appointed as a member of the Ad Hoc Committee on Dental Plan Design.
- Dr. Norm Ironstone of Ottawa, Ontario has been appointed as a CDA representative to the Periodontal Screening and Recording (PSR) Administrative Committee.
- Dr. Rene Lord of Cap-de-la-Madelaine, Quebec has been appointed as a member of the Ad Hoc Committee on Dental Plan Design.
- Dr. Don MacFarlane of Vancouver, B.C. has been appointed as a member of the Ad Hoc Committee on Dental Plan Design.
- Dr. Kevin Roach of Pembroke, Ontario has been appointed as a CDA representative to the Periodontal Screening and Recording (PSR) Administrative Committee.
- Dr. Maurice Simoneau of Longueuil, Quebec has been appointed as a member of the Ad Hoc Committee on Dental Plan Design.
- Dr. Ray Wenn of Charlottetown, PEI has been appointed as a member of the Government Relations Committee.

23. **1995 Annual Meeting - Ottawa, Ontario**

The 1995 Annual Meeting of the CDA Board of Governors will be held Friday/Saturday August 25-26. The President's Dinner will take place on Friday evening, August 25. As indicated in the report of the Management Committee, CDA is pleased to once again welcome Warner-Lambert Canada Inc. as the official sponsor of the CDA President's Dinner.

24. **Review of Council/Committee Chairpersons and Executive Liaisons**

At the Executive Council meeting immediately following each annual meeting of the CDA Board of Governors, Presidential appointments of Council/Committee Chairpersons and Executive Liaisons are made. A list of current Council/Committee Chairpersons and Executive Liaisons were reviewed by Executive Council, and appropriate input was provided for consideration with regard to appointments for 1995-96.

25. **President's Activities**

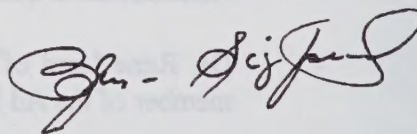
The schedule of the activities of the President to date is appended for information.

APPENDIX VIII

26. **Council/Commission/Committee Reports**

Executive Council has reviewed Council/Commission/Committee reports as appended, and other matters requiring Board action follow therein.

Respectfully submitted,



Bryun Sigfstead, D.D.S.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Executive Council.

CANADIAN DENTISTS' INSURANCE PROGRAM ("CDIP") APPENDIX I
COMMENTS ON FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 1994

Our following comments on the financial statements, while not exhaustive, may be of interest and assistance to you. It should be noted that these financial statements are for the administration of the insurance program only and do not include information in connection with the plan surplus and reserves, accounting for which is provided by the actuaries.

AUDITORS' REPORT (page 1)

- An unqualified audit report has been issued on the CDIP financial statements.

BALANCE SHEET (page 2)

- Cash has decreased by approximately \$700,000 when compared to 1993 due to timing differences in billings and collections of insurance premiums from members. The billing for 1995 premiums was later when compared to the timing of the 1994 billings.
- Deferred income being premiums received from members in advance of due date is decreased by \$635,000 when compared to 1993 for the same reason as stated above.
- Accounts receivable are minor adjustments and amounts due from dentists for billings rendered.
- Accounts payable are to CDSPI for their fees not withdrawn at year end, provincial governments for PST collected on premiums received from members as well as GST payable to Revenue Canada.
- Premiums payable are amounts due to insurance company for amounts collected from dentists at year end.

STATEMENT OF OPERATIONS (page 3)

- When compared to last year the decrease in gross premium was mainly due to decrease in participation in the basic life and long term disability programs. Also, the premium rates were restructured for both the dependents' life and accidental death and dismemberment programs.
- With the introduction of TripleGuard insurance, a lot of dentists took advantage of the plan and converted from office contents, practice interruption and general liability to the new program which is at a lower premium.
- Collection and administration fee to CDSPI represent 15% of premiums paid to insurers as per the administration agreement.

STATEMENT OF CHANGES IN FINANCIAL POSITION (page 4)

- This statement shows the actual cash flows of the CDIP activity and reconciles to the cash and short term investment at the end of the year.

NOTE TO FINANCIAL STATEMENTS (page 5)

- The note is self-explanatory.

CANADIAN DENTISTS' INSURANCE PROGRAM

FINANCIAL STATEMENTS

Years Ended December 31, 1994 and 1993

Auditors' Report	Page 1
Balance Sheet	2
Statement of Operations	3
Statement of Changes in Financial Position	4
Note to the Financial Statements	5

Clarke
Henning
& Co.

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AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF CANADIAN DENTAL ASSOCIATION

We have audited the balance sheets of Canadian Dentists' Insurance Program as at December 31, 1994 and 1993 and the statements of operations and changes in financial position for the years then ended. These financial statements are the responsibility of the Program's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Program as at December 31, 1994 and 1993 and the results of its operations and the changes in its financial position for the years then ended in accordance with generally accepted accounting principles.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
February 2, 1995

CANADIAN DENTISTS' INSURANCE PROGRAM

BALANCE SHEET

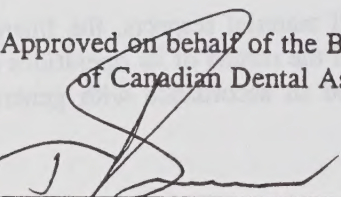
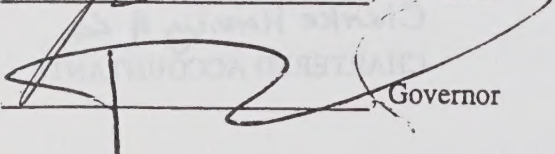
As at December 31, 1994 and 1993

	1994	1993
ASSETS		
Cash	\$5,614,927	\$6,337,157
Sundry receivable	2,871	3,559
	5,617,798	6,340,716

LIABILITIES

Deferred income (premiums received from members in advance of due date)	5,331,375	5,968,397
Premiums payable	27,472	82,844
Accounts and sales taxes payable	258,951	289,475
	\$5,617,798	\$6,340,716

Approved on behalf of the Board of Governors
of Canadian Dental Association:

 , Governor
 Governor

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF OPERATIONS

Years ended December 31, 1994 and 1993

	1994	1993
Insurance premiums - gross		
Basic life	\$ 4,555,398	\$ 4,819,422
Dependents' life	321,264	426,454
Accidental death and dismemberment	211,067	426,063
Dependents' accidental death and dismemberment	-	27,096
Long term disability	9,985,777	10,422,359
Office overhead	3,140,527	3,043,113
Office contents	527,330	605,978
Practice interruption	107,246	132,332
General liability	286,845	316,268
Malpractice	3,815,732	3,565,938
Dentists' staff plan	229,317	211,237
Personal umbrella liability plan	82,630	80,572
Data Processing	12,981	6,250
Tripleguard	2,792,987	2,391,777
Legal expense	46,752	-
	26,115,853	26,474,859
Insurance premiums to insurers	22,709,437	23,021,618
Balance, representing collection and administration fee to Canadian Dental Service Plans Inc.	\$ 3,406,416	\$ 3,453,241

CANADIAN DENTISTS' INSURANCE PROGRAM

STATEMENT OF CHANGES IN FINANCIAL POSITION

Years ended December 31, 1994 and 1993

	1994	1993
Cash provided by (used for)		
Operating activities		
Insurance premiums received, net of refunds and provincial taxes	\$25,479,519	\$26,096,341
Net premiums paid to insurers	(22,764,809)	(23,299,794)
Payments to Canadian Dental Service Plans Inc. on account of collection and administration fee	(3,406,416)	(3,453,241)
	(691,706)	(656,694)
Change in non-cash working capital balances		
Accounts payable	(30,524)	140,866
Change in cash during the year	(722,230)	(515,828)
Cash - at beginning of year	6,337,157	6,852,985
Cash - at end of year	\$ 5,614,927	\$ 6,337,157

CANADIAN DENTISTS' INSURANCE PROGRAM

NOTE TO FINANCIAL STATEMENTS

Years ended December 31, 1994 and 1993

General

Canadian Dentists' Insurance Program offers group life, disability and other insurance to eligible members of the Canadian dental profession, their families and employees. The program is unincorporated and operates under the authority of a participation agreement between Canadian Dental Association and the dental associations of the individual Canadian provinces.

Canadian Dental Association has entered into an agreement with Canadian Dental Services Plans Inc. whereby the latter provides collection and administration services to Canadian Dentists' Insurance Program for a fee which is calculated as 15% of the premiums paid to insurers under the program.

These financial statements are prepared on a going concern basis and present the financial position and results of operations of the Canadian Dentists' Insurance Program. They do not include any assets, liabilities, income or expense of Canadian Dental Association, Canadian Dental Service Plans Inc. or any provincial dental association. These financial statements are prepared to assist the Canadian Dental Association and others in reviewing the activities (accounting for premiums collected and remitted to insurers and fees paid to CDSPI) of the Program for the fiscal period but they do not portray the funding requirements of the insurance policy premiums and reserves or the resulting surplus and/or deficit for each of the insurance plans.

CANADIAN DENTAL SERVICE PLANS INC.

MEMORANDUM

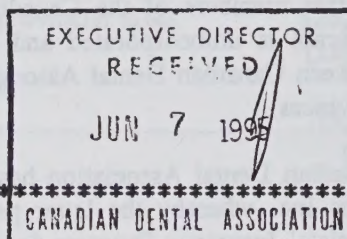
TO: CDA, Corporate Members, Directors, Observers and Management Committee

CC: Mike Applin, Kingsley Butler, Cathie Bodmore

FROM: Beth Moore, General Counsel

DATE: June 2, 1995

SUBJECT: BY-LAW #10



Attached is a revised copy of By-Law #10 into which I have incorporated the changes proposed by the Corporate Members and the changes requested by the Ministry of Industry Canada following their review of the By-Laws. The changes from the form of the By-Law approved by the Directors in April have been underlined for your reference.

I consider the changes that have been made to be within the scope of the motion passed by the Directors authorizing me to incorporate minor changes that do not materially affect the substance of the By-Law. If, however, any of the Directors feel that the changes go beyond the scope of this authorization it will be necessary for a Directors' meeting to be held before the August 26th Annual Meeting to approve the revised form of the By-Law. A telephone conference call could be convened to approve the revised By-Law before the Notice of the Annual Meeting is sent out, provided that a valid meeting is held before the Annual Meeting is convened at which the results of the telephone meeting are confirmed.

The draft By-Laws, including all the changes made to By-Law #10 at the request of the Corporate Members, have been reviewed by staff of the Ministry of Industry Canada. The Ministry requested only the minor changes to paragraphs 4 and 63 described below. I do not foresee any problem in obtaining Ministerial approval promptly following the sanctioning by the members of the By-Laws in August since they have now been reviewed and given preliminary approval by the Ministry staff.

The following is a summary of and explanation for the changes that have been made in the attached draft of By-Law #10:

Paragraph 1 - I have changed the reference to "licensing" as suggested by the Ontario Dental Association. The revised language covers either licensing or registration. A definition of "senior officer" has also been added. This term is now used in paragraphs 13 and 52.

Paragraph 4 - At the request of the Ministry of Industry Canada a phrase has been added to the introductory phrase of this paragraph confirming that each of the members has consented to being a member of the Corporation. This consent does not have to be an explicit consent; the fact that each of the existing members has participated as a member for many years is sufficient evidence of consent.

Paragraph 7 - At the request of the NSDA a sentence has been added confirming that any dentist appointed as a Director must be a member of a Corporate Member of CDSPI.

Paragraph 8 - The Coopers & Lybrand Consulting report originally recommended limiting Directors to two terms of office. Following the discussions in Ottawa this recommendation was changed to provide that no restriction on the number of terms be imposed since performance is to be reviewed on a regular basis. At the request of the NBDS and the NSDA a sentence has been added confirming that Directors may be re-elected for multiple terms. While the term of office for Directors is three years (and not "up to three years" as suggested in the NBDS response), it is possible for the members to remove a Director at any time. The procedure for this is set out in paragraph 9(c) and requires that a special meeting of members be convened for the purpose of considering the removal. The purpose of the three year term, as indicated by Mike Applin, is to provide stability and continuity, subject to regular review and evaluation procedures to ensure that the Directors are serving CDSPI well.

Paragraph 13 - I have attempted to clarify the wording of the paragraph since concerns were raised about it by three Corporate Members. I think that it is very important to retain the ability to call Board meetings on two days' notice. I think that it would be unwise to include in the By-Law a provision to the effect that the two days' notice procedure can only be used in emergencies since determining what is an emergency is very subjective. A restriction such as this could be used to invalidate a meeting were it is to be determined by a court that in its opinion no emergency existed. I think it would be preferable for the Board and/or the members to give the senior officers guidelines concerning notices of meeting rather than building a potentially ambiguous provision into the By-Law. It should be noted that under the new By-Law Directors can participate in Board meetings by telephone so it should be possible for everyone to participate in some way, even on short notice. If the Directors disagree with the calling of the meeting on short notice they can move to have it adjourned and can direct the Chair to call a new meeting at the place and time they specify.

Paragraph 14 - As suggested by the NSDA, the word "accidental" has been added before the word "omission" for consistency with paragraphs 42 and 62.

Paragraph 23 - Since under the Coopers & Lybrand Consulting report the remuneration of Directors is to be determined annually by the members, I have replaced the word "board" by the word "members" in the second line of this paragraph.

Paragraph 24 - At the request of the ODA I have added a sentence indicating that the offices of Chair and President will be held by the same individual unless the members, by resolution, approve the appointment of different people to those offices. I have also added a clarification to the effect that the offices of Chair and Vice-Chair must be held by different people.

Paragraph 26 - The ODA raised a concern about the position of the Executive Vice-President in relation to this paragraph. Since all senior staff of CDSPI have employment contracts which deal with the basis on which their employment can be terminated, the situation of the Executive Vice-President is addressed by the phrase "In the absence of any agreement to the contrary" since his employment contract constitutes an agreement to the contrary.

Paragraphs 27 and 29 - Since there is a lack of consensus about the use of the terms "Chief Executive Officer" and "Chief Operating Officer" I have simply deleted them and spelled out the duties assigned to the officers to whom the paragraphs refer. Mike Applin feels that the term "Chief Elected Officer" should not be used in relation to the Chair since it is an association term.

Paragraph 32 - A sentence has been added allowing the Directors to alter the duties assigned to the various officers without going through the lengthy process of amending the By-Laws. The reference to paragraph 24 reflects the restriction that the Directors will need the members' approval if a President who is not the Chair is to be appointed.

Paragraph 34 - The concern raised by the ODA in relation to this paragraph will be addressed in the Nominating Committee guidelines. The guidelines should indicate that potential candidates for Board positions are to be carefully screened for conflicts and potential conflicts. They should also indicate that Directors will be required to sign an undertaking to resign in the event that their positions or offices held in other organizations put them in a situation where they may be unable to act in CDSPI's best interests because of conflict of interest or conflicting duties to different organizations. If a Director who was in this situation were to refuse to resign, the members could remove the Director using the procedures set out in paragraph 9(c). Addressing this type of conflict in the Nominating Committee guidelines and through an undertaking is more effective than addressing it in paragraph 34 since that paragraph merely requires the Director to disclose the interest and refrain from voting.

Paragraph 48 - The ODA has now withdrawn its objection to this paragraph. At the request of the NBDS and the NSDA the word "may" has been replaced by the word "shall" in the eighth line. This change is consistent with the proposal as set out in the Coopers & Lybrand Consulting report. For clarification a sentence has been added at the end of the paragraph setting out the procedure to be followed in the event that the members do not elect the full slate of Directors put forward by the Nominating Committee.

The NBDS response raised a concern about continuity on the Nominating Committee. Since three of the appointments are rotating appointments the individuals serving in these positions will change each year unless the Corporate Member making the appointment chooses to appoint as its representative an individual who was previously serving as the appointee of another Corporate Member. Since the CDA and ODA have permanent seats on the Nominating Committee, their representatives can serve for as long as the CDA or ODA continues to reappoint them. Continuity may be provided by those representatives.

Paragraph 50 - At the request of the ODA this paragraph has been revised to indicate that the members will have access to information and records relating to the Corporation unless the Directors determine that it is not in the best interests of the Corporation to provide such access. Situations where the Directors would need to exercise their discretion to refuse access would include, for example, requests for disclosure of documents subject to solicitor-client privilege where the privilege would be jeopardized or lost by disclosure. Since the Directors are under a fiduciary duty to act in the best interests of the Corporation it is important that they retain the ultimate discretion to determine what should and should not be disclosed. The paragraph now makes it clear, however, that the Directors must consider each request and only refuse it if acceding to it would be detrimental to the Corporation.

Paragraph 52 - Paragraph (b) has been changed to provide for signature by any two of the senior officers.

Paragraph 63 - The Ministry of Industry Canada has asked that the word "enactment" be removed from this paragraph. I have therefore replaced it with the references to the By-Laws being passed by the Directors.

The CDA preliminary response indicated that the section dealing with "Meetings of Members" makes no reference to responsibility for costs. The question of how members' costs are paid should be dealt with by the Board or the members by resolution rather than being addressed in the By-Laws.

I have attempted to respond to all the comments submitted by the Corporate Members. If any issue raised in those comments has not been adequately dealt with please let me know.

BY-LAW NUMBER 10

DEFINITIONS AND INTERPRETATION

1. Unless the context otherwise requires, in all By-Laws of the Corporation: the singular includes the plural; the plural includes the singular; "person" includes firms, societies, associations and corporations; the masculine includes the feminine and, where applicable to corporations, the neuter; "members" means the members of the Corporation; "dentist" means a duly qualified individual authorized by a provincial regulatory authority to practise dentistry in a province of Canada; "directors" means the directors of the Corporation; "board" means the board of directors of the Corporation; "officer" means an officer of the Corporation; "senior officer" includes such of the Chair, Vice-Chair, President and Executive Vice-President as have been appointed by the board at the time in question; "auditors" means the auditor or auditors of the Corporation; "letters patent" means the letters patent of incorporation of the Corporation and all supplementary letters patent issued to it; By-Laws means the corporate by-laws enacted by the Corporation and in force at the time in question; "Act" means the Canada Corporations Act; "Minister" means such member of the Queen's Privy Council for Canada as is designated by the Governor in Council as the Minister for the purposes of the Act; and references to any statutory provision shall extend to any amendment of such provision or substitution for such provision then or subsequently made.

CORPORATE SEAL

2. The seal, an impression of which is stamped in the margin of this page, shall be the seal of the Corporation until such time as another seal is adopted by the board.

HEAD OFFICE

3. Until changed in accordance with the Act, the head office of the Corporation shall be at such place in the Municipality of Metropolitan Toronto, Province of Ontario, as the board shall from time to time determine.

MEMBERS

4. The members of the Corporation shall be, subject to section 5 of this By-Law, the following, each of which has consented to being a member:
 - (a) the Canadian Dental Association; and
 - (b) each corporate member of the Canadian Dental Association which is, at the relevant time, participating in the sponsorship of one or more insurance plans offered through the Canadian Dentists' Insurance Program.

Effective upon any corporate member of the Canadian Dental Association ceasing to be a party to a Participation Agreement with the Canadian Dental Association which is in full force and effect and pursuant to which such corporate member is participating in the sponsorship of one or more insurance plans offered through the Canadian Dentists' Insurance Program, the membership of such corporate member shall immediately terminate without any notice being given or any other action being taken by any of the members, directors or officers of the Corporation.

5. Where two or more provincial statutory licensing bodies or provincial dental associations from the same province have been admitted as corporate members of the Canadian Dental Association and are jointly participating in the sponsorship of one or more insurance plans offered through the Canadian Dentists' Insurance Program, all such bodies and associations from that province shall be deemed for the purposes of this By-Law to be a single member of the Corporation and shall together act as one member in all matters relating to the Corporation including the election of directors and the exercise of other voting rights at meetings of members.
6. Any member may resign by giving notice of resignation to the Corporation and such resignation shall take effect at the time, or upon the happening of any event, specified in such notice or, if no time or event is specified, upon the giving of such notice.

BOARD OF DIRECTORS

7. The affairs of the Corporation shall be managed by a board of five directors of whom a majority shall constitute a quorum. Directors must be individuals, at least 18 years of age, with power under law to contract. A director who is a dentist must be a member in good standing of one or more of the members of the Corporation. At all times when there are no vacancies on the board, a majority of the persons serving as directors shall be dentists and at least one of the persons serving as directors shall not be a dentist.
8. Each director shall be elected for a term of three years by the members at an annual meeting of members. The directors shall be elected and shall retire in rotation. At the first meeting of members at which directors are elected to take office following the date this By-Law comes into force, two directors shall be elected to hold office until the third annual meeting after such date, two to hold office until the second annual meeting after such date and one to hold office until the next annual meeting after such date. Thereafter, at each annual meeting directors shall be elected to fill the positions of those directors whose terms of office have expired and each director so elected shall hold office until the third annual meeting after his election. An individual who has served one or more terms of office as a director is eligible for re-election to the board.
9. The office of director shall be automatically vacated:
 - (a) if he is found by a court to be of unsound mind;
 - (b) if he becomes bankrupt;
 - (c) if at a special general meeting of members a resolution is passed by a majority of the members represented at the meeting that he be removed from office;

(d) on death.

10. A director may resign by giving notice of his resignation to the Corporation, and such resignation shall take effect at the time, or upon the happening of any event, specified in such notice, or if no time or event is specified, upon the acceptance of the resignation by the board at the next board meeting held following the giving of the notice of resignation to the Corporation. Unless otherwise specified in a notice of resignation, a retiring director shall remain in office until the dissolution or adjournment of the meeting at which the retirement or resignation is accepted and his successor is appointed.
11. If any vacancy in the board shall occur for any of the reasons described in sections 9 and 10 of this By-Law, the board may, by appointment by majority vote, fill the vacancy until the next annual meeting of members, provided that a quorum of directors continues in office. At the next annual meeting, a director shall be elected by the members to serve for the remainder of the unexpired term of the director whose resignation or removal has caused the vacancy. If at any time there is not a quorum of directors in office any member may call a special general meeting of members who shall be entitled at such meeting to appoint directors to fill the vacancies in the board.
12. Meetings of the board may be held any place either within or outside Canada, as determined by the board or the person or persons convening the meeting. There shall be at least three regular meetings per year of the board and additional board meetings shall be called as and when required.
13. Any of the senior officers, or any director who is not a senior officer but who has secured the agreement of a second director and who has notified the senior officers of such agreement in writing, may convene a meeting of the board by written notice to each director and any senior officer who is not a director (other than the person giving the notice). Such notice must specify the purpose of the meeting and no other business shall be conducted without the consent of the majority of the directors present at the meeting. The notice of meeting shall be sent at least 14 days prior to the meeting if notice is given by mail and at least two days prior to the meeting if the notice is given in any other manner.
14. No error or accidental omission in giving any notice of any meeting of the board shall invalidate such meeting or make void any proceedings taken at such meeting and any director may at any time waive notice of the meeting and may ratify, approve and confirm any or all proceedings taken or had at such meeting.
15. Provided a quorum is present, a meeting of the board may be held without notice if each absent director either has previously waived notice of the meeting or consented to it being held in his absence or subsequently waives notice of, or ratifies in writing all business transacted at, such meeting.
16. A meeting of the board may be held without notice immediately following the annual meeting of members provided a quorum is present.

17. In the case of a director elected by resolution of the board to fill a vacancy on the board no notice of the meeting at which he is elected shall be required to be given to that director.
18. At all meetings of the board each director shall have one vote and upon an equal division the chair shall not have a second or casting vote. Questions arising at meetings of the board shall be decided by a majority vote and, in the event of an equal division a resolution shall be deemed to have been lost.
19. If all the directors consent, generally or in respect of a particular meeting, a director may participate in a meeting of the board or of a committee of the board by means of such conference telephone or other communications facilities as permit all persons participating in the meeting to hear each other, and a director participating in such a meeting by such means is deemed to be present at the meeting.
20. A resolution in writing, signed by all the directors entitled to vote on that resolution at a meeting of directors or committee of directors, is as valid as if it had been passed at a meeting of directors or committee of directors.
21. All action taken and things done by any meeting of persons acting as a board or by any person acting as a director shall, notwithstanding that it shall afterwards be discovered that there was some defect in the election, appointment or qualification of such board or director, be as valid as though such defect had not obtained.
22. Any director may occupy any position to which he is duly elected or appointed by the board. The board may appoint committees whose members will hold their offices at the will of the board.
23. Any director shall be entitled to such reasonable remuneration either for special services or for the ordinary duties of a director as the members may from time to time determine and shall also be entitled to such reimbursement in respect of out-of-pocket expenses incurred in attending meetings or otherwise in respect of the performance by such director of his duties as the board may from time to time determine.

OFFICERS

24. The officers of the Corporation shall be a Chair of the board, a Vice-Chair of the board, a President, an Executive Vice-President, a Secretary and any such other officers as the board may determine. Any two offices other than the Chair and Vice-Chair may be held by the same person. The offices of Chair and President shall be held by the same person unless the members, by resolution, authorize the board to appoint different people to those offices. Officers other than the Chair and Vice-Chair of the board need not be directors.
25. Officers shall be appointed by resolution of the board at the first meeting of the board following the annual meeting of members. A vacancy in any office may be filled at any time by the board.

26. In the absence of any agreement to the contrary, all offices shall be held during the pleasure of the board, all officers shall be subject to removal for or without cause by resolution of the board, and an officer may resign his office at any time by giving notice of his resignation to the Corporation. Such resignation shall take effect at the time, or upon the happening of any event, specified in such notice, or if no time or event is specified, upon the giving of such notice. Subject to the preceding provisions, an officer shall continue in office until, but shall cease to hold office when, his successor is elected or appointed.
27. Except to the extent from time to time otherwise determined by the board, the Chair of the board shall preside at all meetings of the Corporation and of the board. He shall have general supervision of all other officers and their duties and shall see that all orders and resolutions of the board are carried into effect. If the office of President is held by a person other than the Chair, the President shall have the duties and powers assigned to him by the board at the time of his appointment.
28. The Vice-Chair of the board shall, in the absence or disability of the Chair, perform the duties and exercise the powers of the Chair and shall perform such other duties as shall from time to time be imposed upon him by the board.
29. The Executive Vice-President shall have general supervision of the employees of the Corporation and its operations, shall keep proper accounting records of the financial activities of the Corporation and shall be responsible for the deposit of money, the safekeeping of securities and the disbursement of the funds of the Corporation. He shall render to the board whenever required an account of the financial position of the Corporation. He shall also perform such other duties as may from time to time be directed by the board of directors.
30. The Secretary shall cause to be kept in accordance with applicable provisions of the Act the books and records required by section 109 of the Act and shall be the custodian of the seal of the Corporation.
31. Subject to such limitations as the board may from time to time impose, an officer shall have all the powers and authority and shall perform all the duties usually incident to the office he holds and shall perform such other duties as may from time to time be imposed upon the holder of such office by the By-Laws or by resolution of the board.
32. Subject to any statutory limitation and section 24 of this By-Law, the board may from time to time delegate to any other person the powers, authority and duties of any officer. If at any time the duties of an officer specified in this By-Law are assigned to a different officer, all references in the By-Laws to the first such officer shall be deemed to refer to the officer to whom such duties have been assigned.
33. The remuneration of all officers shall be established by the board in such manner as it shall from time to time determine.

CONFLICT OF INTEREST

34. A director or officer who is a party to or who has an interest, whether direct or indirect, in a contract or arrangement or a proposed contract or arrangement with the Corporation shall declare the nature and extent of his interest. In the case of a director such declaration shall be made at the meeting of directors at which the question of entering the contract or arrangement is first taken into consideration or, if the director's interest arises after the board has begun to consider the contract or arrangement or after the contract or arrangement is made, at the first meeting of directors held after he becomes so interested. In the case of an officer, the declaration shall be made as soon as possible after the officer becomes aware that the contract or arrangement is being considered by the directors or, if the officer becomes interested after the contract or arrangement is made, as soon as possible after he becomes so interested. A declaration of interest of any director or officer shall be included in the minutes of the meeting at which the declaration is made or put before the directors. No director shall vote in respect of any contract or arrangement in which he is interested and if he does vote his vote shall not be counted except in the circumstances described in the Act. If a director or officer has complied with the requirements of the Act and the By-Laws concerning conflict of interest or if the members have confirmed the contract or arrangement at a special general meeting called for that purpose, the director or officer is not accountable to the Corporation or any of its members or creditors by reason only of being a director or officer of, or in a fiduciary relationship with, the Corporation for any profit realized by him from such contract or arrangement.

PROTECTION AND INDEMNITY OF DIRECTORS, OFFICERS AND OTHERS

35. Every director or officer of the Corporation or other person who has undertaken or is about to undertake any liability on behalf of the Corporation or any corporation in which the Corporation is a shareholder or otherwise holds an interest, and his heirs, executors and administrators, and estate and effects, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the Corporation from and against:
- (a) all costs, charges and expenses whatsoever which such director, officer or other person sustains or incurs in or about any action, suit or proceeding which is brought, commenced or prosecuted against him, for or in respect of any act, deed, matter or thing whatsoever made, done or permitted by him in or about the execution of the duties of his office; and
 - (b) all other costs, changes and expenses that he sustains or incurs in or about or in relation to the affairs thereof, except such costs, charges or expenses as are occasioned by his own wilful neglect or default.
36. Subject to any applicable provisions of the Act, no director, officer or employee of the Corporation shall be liable for: the acts, receipts, neglects or defaults of any other person; for joining in any receipt or other act for conformity; for any loss, damage or expense happening to the Corporation through the insufficiency or deficiency of title to

any property acquired by, for or on behalf of the Corporation, or for the insufficiency or deficiency of any security in or upon which any monies of the Corporation are invested; for any loss arising from the bankruptcy, insolvency or tortious act of any person with whom any monies, securities or other property of the Corporation are lodged or deposited; or for any loss occasioned by any error of judgement or oversight on the part of the person, or for any other loss, damage or misfortune whatever which may arise out of the execution of the duties of his office or in relation thereto; unless the same shall happen through his own wilful and wrongful act, neglect or default.

37. Any contract entered into or action taken or omitted by or on behalf of the Corporation shall, if approved by a resolution of the members in general meeting, be deemed for all purposes to have had the prior authorization of all the members.
38. The provisions of sections 34, 35, 36 and 37 of this By-Law shall be in amplification of and/or addition to and not by way of limitation of or substitution for any rights, immunities or protection conferred by law upon any director, officer, employee or other person referred to in those sections.

MEETINGS OF MEMBERS

39. The annual meeting of the members shall be held at such place in Canada and at such time in each year as the board shall from time to time determine. Other meetings of members may be convened at any time and place in Canada by or by order of the Chair, Vice-Chair or the board. The board shall call a special general meeting of members on written requisition of three members. The members may resolve that a particular meeting of members be held outside Canada.
40. Notice of any meeting of the members authorized to be called shall be given by the Secretary or by any other person, acting on behalf of the Secretary, who has been authorized by the board to give such notice. Notice of the time and place of any meeting of members shall be given to the auditors and to each member entitled to notice of such meeting at least 14 days prior to the meeting. Notice of any meeting where special business will be transacted shall contain sufficient information to permit the members to form a reasoned judgement on the decision to be taken. Any meeting duly constituted and adjourned to a later date and place specified at such meeting shall continue to be duly constituted without further notice to the auditors or members.
41. A meeting of members may be held at any time without notice if all the persons entitled to notice of the meeting are present in person or duly represented or if those who are not present or duly represented at the meeting have consented to such meeting being held in their absence or waived notice of the meeting. Any business may be transacted at such meeting which the members in meeting may transact.
42. The accidental omission to give notice of any meeting to or non-receipt of any notice by the auditors or any member or members shall not invalidate the meeting or any action taken or thing done at such meeting.

43. Each member shall appoint one individual as its duly appointed delegate to attend all meetings of the Corporation and to vote on its behalf at such meetings. The member may at any time appoint a different person to represent it, either at a specific meeting of members or at all future meetings of members until a new appointment is made.
44. Any member entitled to vote at a meeting of members may, by an instrument in writing, appoint a person who is a duly appointed delegate of another member as its proxy to attend and act at the meeting in the manner, to the extent and with the power conferred by such instrument. Notice of each meeting of members must remind the member of its right to vote by proxy.
45. At any meeting of members two individuals present in person who are duly appointed delegates of members and/or proxies for members shall constitute a quorum for the convening of the meeting by the Chair of the Corporation or, in his absence, the appointment of a chair, and for the adjournment of the meeting. For all other purposes at least two individuals present in person who are duly appointed delegates and/or proxies for not less than a majority of the total number of members shall constitute a quorum.
46. The chair of any meeting of members shall not have an additional casting vote in case of an equal division, either on a show of hands or on a poll. Unless the chair shall direct a poll, any question submitted shall first be voted upon by a show of hands but any duly appointed delegate of a member or proxy for a member may thereupon require or the chair may direct that a poll be taken. If a poll is taken on any question the vote by show of hands shall have no effect. Each member represented by a duly authorized delegate or by a duly authorized proxy shall have one vote.
47. Except as may be from time to time otherwise provided by applicable statute, the letters patent or the By-Laws, all questions proposed for the consideration of the members at any meeting of members shall be determined by a majority of the votes cast and in the event of an equal division a resolution shall be deemed to have been lost. A declaration by the chair of a meeting of members that a resolution has been carried or lost, as to the number of votes cast and/or as to the requisite majority for or against shall be conclusive evidence of such result. A resolution in writing, signed by all the members entitled to vote on that resolution at a meeting of members, is as valid as if it had been passed at a meeting of members.
48. The members shall, at each annual meeting, appoint a Nominating Committee consisting of representatives of five members, including one representative of each of the Canadian Dental Association and the Ontario Dental Association, one representative chosen from among the designated representatives of the member dental associations from British Columbia, Alberta, Saskatchewan and Manitoba and one representative chosen from among the designated representatives of the member dental associations from Newfoundland, New Brunswick, Nova Scotia and Prince Edward Island. The fifth member of the Committee shall be a representative of any of the members not otherwise represented on the Committee. The Committee shall, prior to each annual meeting of members, with the assistance of any consultant or consultants as the Committee considers appropriate, evaluate the performance of the current directors and make recommendations

to the members for the election of the directors to be elected at the forthcoming annual meeting. The members may from time to time, by resolution, establish guidelines and procedures to be followed by the Nominating Committee in completing its evaluations and developing its recommendations. If at any annual meeting the members do not elect as a director one or more of the individuals recommended for election by the Nominating Committee, the chair of the meeting shall adjourn the meeting to a fixed date, time and place and the Nominating Committee shall make recommendations for the election of one or more directors to fill the position or positions on the board that were not filled on the basis of the Nominating Committee's original recommendations.

49. At every annual meeting, in addition to the appointment of the Nominating Committee, the election of directors and any other business that may be transacted, the report of the directors, the financial statement and the report of the auditors shall be presented and auditors appointed for the ensuing year.
50. The members shall be entitled to disclosure of all such information and records respecting the Corporation or its business to which they are entitled by statute or by authority (which may be general or specific) of a resolution of the board and such other information and records which a member requests in writing unless, in the opinion of the board, disclosure of such other information and records to such member would not be in the best interests of the corporation.

BANKING AND NEGOTIABLE INSTRUMENTS

51. Bank accounts of the Corporation shall be kept at such banks, trust companies and other financial institutions and shall be operated in such manner and by such person or persons as the board shall from time to time determine. Negotiable instruments and orders for the payment of money shall be signed by such person or persons as the board shall from time to time determine.

EXECUTION OF DOCUMENTS

52. All writings (except writings made in the ordinary course of the Corporation's business) requiring the signature of the Corporation shall be signed:
 - (a) by such person or persons as shall have been appointed to sign the same by resolution of the board applying either to specific writings or to writings generally; or
 - (b) where no such resolution applies, by any two of the senior officers;

and when so signed shall without more be binding upon the Corporation. The seal of the Corporation may, when required, be affixed to any writing signed by the Corporation.

SECURITIES IN OTHER CORPORATIONS

53. Any shares or other securities of any other corporation from time to time held by the Corporation may be voted by, and proxies in respect thereof may be lodged in favour of, such person or persons as the board shall from time to time appoint or direct.

PERIOD OF FISCAL YEAR

54. The fiscal year of the Corporation shall terminate on such day in each year as the board shall from time to time determine.

AUDITORS

55. At each annual meeting the members shall appoint one or more auditors to audit the accounts of the Corporation for report to the members at the next annual meeting. The auditors shall hold office until the close of the next annual meeting and, if an appointment is not so made, the auditors in office shall continue in office until a successor is appointed. The directors may fill any casual vacancy in the office of auditor, but while the vacancy continues the surviving or continuing auditors, if any, may act. The remuneration of the auditors shall be fixed by the board.
56. The members, by a resolution passed by at least two-thirds of the votes cast at a general meeting of which notice specifying the intention to pass such resolution was given, may remove any auditors before the expiration of their term of office, and shall by a majority of the votes cast at that meeting appoint new auditors in their stead for the remainder of their term.

BOOKS AND RECORDS

57. The board shall take appropriate actions to ensure that all necessary books and records of the Corporation required by the By-Laws of the Corporation or by any applicable statute or law are regularly and properly kept.

RULES AND REGULATIONS

58. The board may prescribe such rules and regulations and adopt such policies not inconsistent with the letters patent and By-Laws relating to the management and operation of the Corporation as they deem expedient.

NOTICES

59. Any notice or other communication to be given to any person under any provision of the letters patent or By-Laws or of any statute shall be sufficiently given, subject to any specific requirement in that regard contained in such provision, if reduced to writing and either delivered or mailed by prepaid ordinary or air mail or sent by fax or any other

means of wire or wireless or other form of recorded communication to such person at the following applicable address:

- (a) if to a member, director or officer, to the address and/or fax number of such person appearing in the books of the Corporation or, if not so appearing, to the last address or fax number known to the person charged with the giving of notice, and for such purpose the address and fax number of any such person in the Corporation's books may be changed in accordance with any information which appears to be reliable;
- (b) if to the Corporation, to its head office; or
- (c) if to the auditors, to the office of the auditors in the Municipality of Metropolitan Toronto or to such other address as the auditors shall have designated by notice to the Corporation.

60. Any notice or other communication delivered shall be deemed to have been given at the time of delivery, any notice or other communication sent by mail shall be deemed to have been given on the third business day following the day of mailing, and any notice or other communication sent by any means of fax, wire or wireless or any other form of recorded communication shall be deemed to have been given on the day when it is transmitted, dispatched or delivered to the appropriate communication company or agency or its representative for transmission or dispatch; and a written certificate or declaration in respect of the giving of any notice signed by any officer of the Corporation shall be conclusive evidence of the matters certified or declared in it.
61. The signature to any notice or other communication to be given by the Corporation may be in whole or in part written, stamped, typewritten or printed.
62. The accidental omission to send any notice to any member, director or officer or to the auditors or the non-receipt of any notice by any member, director or officer or the auditors or any error in any notice not affecting its substance shall not invalidate any action taken at any meeting held pursuant to such notice. Any member, director or officer, or the auditors, may waive any notice required to be given by the letters patent or By-Laws or by statute, and such waiver whether given before or after the meeting or other event of which notice is required to be given shall cure any default in the giving of such notice.

ENACTMENT, AMENDMENT AND REPEAL OF BY-LAWS

63. By-Laws of the Corporation may be passed, and the By-Laws repealed or amended, by By-Law passed by a majority of the directors at a meeting of the board and sanctioned by the affirmative vote of at least two-thirds of the votes cast at a meeting of members duly called for the purpose of considering the By-Law, provided that the passing, repeal or amendment of such By-Law shall not be enforced or acted upon until the approval of the Minister has been obtained.

64. By-Laws Number 1, 4, 6, 7, 8 and 9 of the Corporation are repealed effective as of the coming into force of this By-Law without prejudice to any action taken under such By-Laws prior to their repeal. This By-Law shall come into force upon its sanction by the members and approval by the Minister pursuant to the Act.

cc: CROA - CDF response
Dr. R.J. Marley, CDA Member at Large, CDFP
Dr. J. Wright, Chairman, Council on Innovation and Investment
Mr. J. Nelson, Executive Director

TRANSITIONAL BY-LAW

Be it enacted as a By-Law of Canadian Dental Service Plans Inc. (hereinafter called the "Corporation") as follows:

1. The directors and officers appointed under By-Law Number 1 and serving as directors and officers at the date of the annual meeting of members held on August 26, 1995 shall continue in office until the date of the first meeting of directors convened pursuant to By-Law Number 10 and this By-Law.
2. The directors elected at the annual meeting of members held on August 26, 1995 provisional on the coming into force of By-Law Number 10 shall take office as of the date of the first meeting of directors convened following the coming into force of By-Law Number 10 and the notice of such meeting shall be given to the directors elected at the August 26, 1995 annual meeting notwithstanding that they have not assumed their offices at the time the notice is given. Such notice need not be given to the directors previously appointed under By-Law Number 1.
3. This By-Law is repealed effective as of the adjournment of the first meeting of directors convened following the coming into force of By-Law Number 10 without prejudice to any action taken under it prior to its repeal.
4. This By-Law shall come into force upon its sanction by the members and approval by the Minister pursuant to the Act.

ENACTMENT, AMENDMENT AND REPEAL OF BY-LAWS

By-Laws of the Corporation may be passed, and the By-Laws repealed or amended, by By-Law passed by a majority of the directors at a meeting of the board and sanctioned by the affirmative vote of a least two-thirds of the votes cast at a meeting of members duly called for the purpose of amending the By-Law, provided that the passing, repeal or amendment of such By-Law shall not be entered or acted upon until the approval of the Minister has been obtained.

**MEMORANDUM**

April 11, 1995

TO: Chairman and Members, Board of Governors

FROM: Sandra Davis, Manager, Corporate Affairs / *S. Davis*

SUBJECT: Motion approved by Executive Council
on behalf of the Board of Governors

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Following the approval of a recommendation to add travel insurance to CDIP, several cosponsors requested clarification of the application of Section 10-Promotion of the Participation Agreement. Those with extended health packages, inclusive of a travel component sought assurances that cosponsoring the CDIP Travel Plan would not effect their ability to promote their existing plan coverage.

This issue was examined by the CDSPI Board. Its interpretation was that, as the travel element was only one component of extended health benefit packages, its continued promotion would not conflict with the Participation Agreement. As the Participation Agreement is between CDA and cosponsors, the Executive Council approved by mail ballot, the following recommendation in order that implementation of the Travel Plan not be delayed.

THAT CDIP cosponsors who agree to the addition of the Travel Plan to Schedule A of their Participation Agreement with CDA will not be restricted in the promotion of their extended health benefit packages, inclusive of the travel component.

Cosponsors have been requested to indicate whether their organization want to add this plan to Schedule A of existing Participation Agreements with CDA.

This action taken by Executive Council on behalf of the Board of Governors, is hereby reported, as required by Article IX, Section 7 of the CDA Constitution and By-Laws. The recommendation will be presented at the Annual Meeting of the CDA Board of Governors for ratification.

c.: CEO's - CDIP cosponsors
Dr. R.J. Markey, CDA Member at Large, CDSPI
Dr. J. Wright, Chairman, Council on Insurance and Investment
Mr. J. Neilson, Executive Director



NOTE

le 11 avril 1995

Destinataires : Président et membres du Bureau des gouverneurs

Expéditeur : Sandra Davis, chef, Secrétariat général / *S. Davis*

Objet : Approbation d'une motion par le Conseil exécutif au nom du Bureau des gouverneurs

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Pour donner suite à une recommandation concernant l'ajout d'une assurance voyage au RADC, plusieurs co-parrains ont demandé des éclaircissements quant à l'application de l'article 10 - Promotion, de l'Entente de participation. Ceux qui offrent une assurance maladie élargie, comprenant un élément voyage, voulaient s'assurer que le co-parrainage d'une assurance voyage dans le cadre du RADC n'affectera pas leur capacité pour promouvoir l'assurance déjà en place.

Le conseil d'administration du CDSPI a examiné la question et en est venu à la conclusion que, comme l'élément voyage n'est qu'un élément du régime élargi d'assurance maladie, en poursuivre la promotion ne pose pas de conflit avec l'Entente de participation. Comme celle-ci intervient entre l'ADC et le co-parrain, et pour ne pas retarder la mise en place du régime d'assurance voyage, le Conseil exécutif a approuvé, par le biais d'un scrutin tenu par la poste, la recommandation suivante:

Il est résolu que les co-parrains qui acceptent d'ajouter l'assurance voyage à l'Annexe A de leur Entente de participation avec l'ADC ne limiteront pas leur capacité de promouvoir leurs régimes élargis d'assurance maladie, y compris l'élément voyage.

Nous avons demandé aux co-parrains de nous dire si leur organisme veut ajouter ce régime à L'Annexe A de leur actuelle Entente de participation avec l'ADC.

Le présente a donc pour objet de rendre compte du geste posé par le Conseil exécutif au nom du Bureau des gouverneurs, conformément au paragraphe 7 de l'article IX, des Statuts et règlements de l'ADC. La recommandation sera soumise à la ratification de l'assemblée annuelle du Bureau des gouverneurs.

- c: Directeurs généraux des co-parrains du RADC
D^r R.J. Markey, représentant des membres de l'ADC au CDSPI
D^r J. Wright, président du Conseil des assurances et placements
M. J. Neilson, directeur général

Canadian Dental
Service Plans Inc.
100 Consilium Place
Suite 710
Scarborough, Ontario
M1H 3G8

Tel. 416-21 APPENDIX IV
Fax 416-296-8920
Toll free:
Service in English
1-800-561-9401
Service en français
1-800-665-9401

April 25, 1995

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

BY FAX

Dear Jardine:

Re: CDIP Grad Program Costs 1992 and 1993

As you are aware, prior to the CDA/QDSA legal action, the CDIP Grad Program was funded from the Life and Disability Surplus. Fasken Campbell Godfrey recommended that this funding be discontinued until the legal issues were resolved. They indicated at the time that there should be "no uses of the surplus funds until all issues are clarified".

In 1992 there were 363 Life policies and 454 Long Term Disability policies issued under the Grad Program. As the surplus was not available to pay for this coverage and no alternative sources made available from CDA, CDSPI agreed at the time to fund the costs from its own revenues. This was done because of the importance to the overall program of encouraging young life participation. This approach to funding was taken by CDSPI on the assumption that once the legal issues were resolved, reimbursement would come from the Plan Surplus.

The premium paid to Prudential was as follows:

Life Coverage	\$ 12,341.88
LTD Coverage	<u>\$120,360.75</u>
Total	<u>\$132,702.63</u>

CDSPI then received back from Prudential the 15% administration fee of \$18,353.10 which was used to fund the promotional material and costs of visiting the Dental Faculties for promotion and education for this product. The net cost from CDSPI's revenues in 1992 was \$114,349.53.

Similarly, because the legal matters were not settled in 1993 the Grad Package was funded on the same basis. There were 356 Life and Disability policies issued to grads that year. The premium paid to Prudential was as follows:

continued.....2/

Mr. Jardine Neilson
April 25, 1995

Page 2

Life Coverage	\$ 12,422.39
LTD Coverage	<u>\$119,293.95</u>
Total	<u>\$131,716.34</u>

CDSPI then received back from Prudential the 15% administration fee of \$18,216.70 leaving a net cost from CDSPI's revenues in 1993 of \$113,499.64.

Based on the above figures the 1992 and 1993 Grad Insurance Package net cost to CDSPI was \$227,849.17.

This matter was brought to the attention of the CDSPI Board of Directors at our April 21, 1995 meeting. It was noted during the discussions that if there had been no legal issue this cost would have come from the plan surplus as it had in the past. If CDSPI had not funded the program for 1992 and 1993 there would have been no Grad Package for those years.

In addition it should be noted that CDSPI was not able to recover any legal or consulting costs incurred regarding the CDA/QDSA matter; CDA received reimbursement either from CDSPI, Guardian or the Plan Surplus, while QDSA received funds from the Plan Surplus. Taking into account CDSPI's substantial costs in this area plus the funding of the two years of the Grad Program as noted above, the revenues of CDSPI have been depleted in excess of \$570,000.

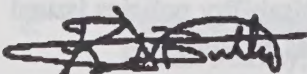
The CDSPI Board of Directors approved the following motion at the April 21, 1995 meeting:

"THAT THE CDA EXECUTIVE COUNCIL IN THEIR CAPACITY AS TRUSTEE FOR THE LIFE AND DISABILITY TRUST BE REQUESTED TO REIMBURSE CDSPI FOR THE FUNDING OF THE 1992 AND 1993 GRADUATE INSURANCE PACKAGE; SUCH NET COST AMOUNTING TO \$227,849.17."

In order to respond to the CDSPI Board's direction at our August meeting, we are requesting that this item be on the agenda of your next Executive Council meeting. A written response by July 15, 1995 would be appreciated.

If you wish to discuss this matter further, please contact me at your convenience.

Yours truly,



Kingsley D. Butler, C.A.
Executive Vice-President
Ext. 222

420

cc Dr. R. Markey
Dr. R. Sandilands



APPENDIX V

June 28, 1995

Mr. Kingsley Butler
Executive Vice-President
CDSPI
100 Consilium Place
Ste. 710
Scarborough, Ontario
M1H 3G8

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Kingsley:

At its recent meeting, Executive Council reviewed the request contained in your letter of April 25, 1995, to Mr. Neilson concerning reimbursement to CDSPI for its funding of the 1992 and 1993 graduate insurance package.

I attached for your information a copy of the motion passed by the Executive Council authorizing the requested reimbursement from the Life Insurance Plan Trust and the Disability Insurance Plan Trust in specified amounts. Please let me know if anything further is required to facilitate the stipulated payments from the trust funds.

Following review of CDSPI's graduate retention report, dated May 1, 1995, Executive Council requested an examination of the program's eligibility requirements to ascertain whether they are the most advantageous in terms of encouraging continuing participation in the plans. Particularly, Council believes that the tie to membership in organized dentistry should be examined in light of the fact that it is a requirement for continued participation. The Ad Hoc Committee on New Dentists has been asked to consider this matter in consultation with CDSPI.

Considerable trust funds are expended to fund the graduate program. Executive Council wishes to ensure that the program parameters and eligibility requirements are as beneficial as possible to the plans and the plan participants.

Sincerely yours,

Sandra Davis, CAE
Manager, Corporate Affairs

Attachment

- c: Mr. Jardine Neilson, Executive Director
Executive Council
Dr. Ron Markey, CDA member at large

**Recommendation on the 1992 & 1993 CDIP Grad Program Costs
approved by CDA Executive Council at its June 9-10, 1995 Meeting**

WHEREAS:

- A) The charging of the costs of the graduate student program to the surplus funds of the life and disability plans of the Canadian Dentists' Insurance Program was deferred in 1992 and 1993 on the advice of legal counsel, pending a final judgment of the courts in the application proceeding brought by the Executive Council of the Canadian Dental Association for advice and direction concerning the use and distribution of insurance plan surplus;
- B) The Ontario Court of Appeal has determined that the use of plan surplus to subsidize premiums for graduate students is an acceptable use of surplus provided that the members of the Executive Council, as Trustees of the surplus funds, consider such use to be for the benefit, directly or indirectly, of the participants in the insurance plan from whose surplus the subsidy is being paid;
- C) The Executive Council considers the use of life and disability plans surplus to subsidize premiums for students in those plans to be for the benefit of the respective participants in those plans and considers it appropriate to reimburse Canadian Dental Service Plans Inc. (CDSPI) for the net cost of the funding it provided to the graduate program in order to keep it in place while the decision on the use of surplus for that purpose had to be deferred;

IT IS MOVED:

THAT the CDA Executive Council, as Trustees of the CDA Life Insurance Plan Trust and the CDA Disability Insurance Plans Trust, authorize and direct that the following payments be made from surplus to CDSPI:

Life Insurance Plan Trust:

1992 graduate program	\$ 10,634.98
1993 graduate program	<u>\$ 10,710.02</u>
	\$ 21,345.00

Disability Insurance Plan Trust:

1992 graduate program	\$103,714.53
1993 graduate program	<u>\$102,789.62</u>
	\$206,504.15

CARRIED

MEMORANDUM

TO: KINGSLEY BUTLER

FROM: BETH MOORE

RE: CDIP GRAD PROGRAM COSTS - 1992 AND 1993

DATE: JUNE 2, 1995

Attached as requested are the pages from the Ontario Court of Appeal judgment containing the Court of Appeal's discussion of the use of plan surplus for subsidizing insurance for members of dental faculty graduating classes. I have identified the paragraph dealing with the general obligation to use the surplus for the benefit of the participants in the plan in which the surplus arose and the paragraphs specifically dealing with the graduate subsidy.

The authorization from the CDA Executive Council should specify that \$21,345. of the net cost of the subsidy should be charged to the life plan surplus (1992 - \$10,634.98 plus 1993 - \$10,710.02) and the balance of \$206,504.15 should be charged to the disability plans surplus (1992 - \$103,714.53 plus 1993 - \$102,789.62). The authorizing resolution (or its preamble) should confirm that the Executive Council members consider it to be in the best interests of the plans and the participants in the plans that the plans utilize plan surplus to provide premium subsidies to graduating students. A sample resolution is attached.

CANADIAN DENTAL ASSOCIATION EXECUTIVE COUNCIL

DRAFT RESOLUTION

WHEREAS:

- A) The charging of the costs of the graduate student program to the surplus funds of the life and disability plans of the Canadian Dentists' Insurance Program was deferred in 1992 and 1993 on the advice of legal counsel, pending a final judgment of the courts in the application proceeding brought by the Executive Council of the Canadian Dental Association for advice and direction concerning the use and distribution of insurance plan surplus;
- B) The Ontario Court of Appeal has determined that the use of plan surplus to subsidize premiums for graduate students is an acceptable use of surplus provided that the members of the Executive Council, as Trustees of the surplus funds, consider such use to be for the benefit, directly or indirectly, of the participants in the insurance plan from whose surplus the subsidy is being paid;
- C) The Executive Council considers the use of life and disability plan surplus to subsidize premiums for students in those plans to be for the benefit of the respective participants in those plans and considers it appropriate to reimburse Canadian Dental Service Plans Inc. (CDSPI) for the net cost of the funding it provided to the graduate program in order to keep it in place while the decision on the use of surplus for that purpose had to be deferred;

IT IS MOVED THAT:

The CDA Executive Council, As Trustees of the CDA Life Insurance Plan Trust and the CDA Disability Insurance Plans Trust, authorize and direct that the following payments be made from surplus to CDSPI:

Life Insurance Plan Trust:

1992 graduate program	\$ 10,634.98
1993 graduate program	<u>\$ 10,710.02</u>
Total	\$ 21,345.00

Disability Insurance Plans Trust:

1992 graduate program	\$103,714.53
1993 graduate program	<u>\$102,789.62</u>
Total	\$206,504.15

with Imperial (life, dependant life and long-term disability and office overhead expense).

Clearly, the word "Plan" as used in the participation agreement means the master agreement for life insurance or the master agreement for dependents' life insurance or the long-term disability master agreement, not all three. Accordingly, the persons to be benefited by the surplus produced by the life plan are the participants in that plan.

Accordingly, looking at the major purpose of the organization, I would interpret the participation agreement as requiring the use of any surplus to be confined to the Plan in which it was generated. I would also confine it to the participants in that Plan generally, not just to those whose premiums generated the particular surplus, and I see no reason why the benefit need be "prorated" as long as it is for the benefit, directly or indirectly, of the participants of the individual Plan which generated the surplus.

I agree with McKeown J. that a surplus must be used within a reasonable time, but in deciding what is "reasonable" regard must be had to the fact that CDA is a professional association, that the individuals are volunteers, and the by-laws give them considerable discretion and little direction.

The Dispositions Actually Made by CDA

In addition to the interpretation of the by-laws and the participation agreement, the court was asked to rule on the propriety of seven specific uses of surplus funds actually made by CDA. McKeown J. found them all bad. They need to be dealt with individually.

(1) Graduate Subsidy

Since 1975, CDA has followed a policy of offering free insurance to members of graduating classes. The policy was a form of recruiting which would serve to broaden the base of participation and to lower the age of participants as a whole, thereby lowering premium rates. Prior to 1979, it was not clear on any material drawn to the court's attention that was circulated to members, that the cost, which approximated \$10,000 per year, was being charged to surplus. The policy was continued when the provinces became co-sponsors in 1977 and it remained when the ACDQ dropped its sponsorship in 1990.

Dr. Chicoine was aware of the policy and of the fact that its cost was being paid out of surplus; he chose not to object. Although the "benefit" may be nebulous with respect to some par-

ticipants, it is difficult to find CDA at fault with respect to this use.

(2) Male/Female Premium Rate Differential

Prior to 1990, the life insurance premium was the same for females and males of the same age, notwithstanding the fact that statistically females were a better risk, in that they lived longer according to the applicable mortality tables. As the percentage of female dentists increased, with the availability to them of competing insurance with premiums lower than those offered by CDA, it became advisable to consider lowering CDA's rates for females. In order to keep the gross premium the same, as required by the agreement between CDA and the carrier, CDA decided to lower the rates for females, to leave the rates for males as they were, and to make up the \$137,655 shortfall from surplus. All provincial organizations, except ACDQ, were and are content with this use of surplus. The benefits were conferred upon the participants of the Plan that generated the surplus. Accordingly, in my view, the requirements of the by-laws and of the participating agreements were met.

(3) Non-Smoker Premium Discount

For competitive reasons, during the period from 1985 to 1987, CDA decided to offer a premium discount to non-smokers at a cost of \$900,413. In order to maintain the same gross premium to the carrier, CDA paid the shortfall out of surplus. This was a situation much like the male/female premium differential, and the comments made with respect to that issue are applicable here.

(4) Benefit Improvements

These occurred in 1980, 1982, 1985-90. It appears from the facts that it is common ground that no surplus was "used" in this regard.

(5) Premium Discounts

Surplus funds were used to secure premium discounts for the years 1987 to 1990, inclusive. If I understand counsel's submissions correctly, the agreed-upon amounts of \$600,000 and of \$2 million were included in the amounts in issue. ACDQ's complaint is not that the money was used, but that, had it been used earlier, a greater portion would have gone to the benefit of those participants who paid the premiums that generated the surpluses in the first place.

PRESENTATION BY DR. KEVIN ROACH TO THE CDA EXECUTIVE COUNCIL ON INTRODUCING A PERIODONTAL SCREENING AND RECORDING PROGRAM INTO CANADA

INTRODUCTION

For over a year, the Canadian Dental Association, in conjunction with the Canadian Academy of Periodontology and Procter and Gamble Inc., has been working to introduce a periodontal screening and recording program (PSR) in Canada. Our model is based on a similar program introduced by the American Dental Association, the American Academy of Periodontology and Procter and Gamble in the United States in 1992.

PSR is, in essence, a "screening tool that streamlines the measurement and recording of periodontal disease through the measurement of periodontal pockets in sextants of the natural dentition by special or particular periodontal probes". A full explanation of the program, based on the U.S. model can be found in your resource materials.

OWNERSHIP AND PARTNERSHIPS

At the very outset, it was ascertained that ownership of the trademark and licence for PSR would rest with the American Dental Association. They have been very agreeable in providing CDA with a licence to use the name PSR and to develop a modified version of their core materials for use here in Canada. The CDA continues to pursue via P & G lawyers, the viability of acquiring the Canadian trademark, but at this point we are operating under the premise that we are not able to acquire legal ownership of the trademark and licence. Nor are we able to substantially change the basic nature of the core materials from that of a screening tool for practitioners. To date, we are in the final stages of legal discussion with the ADA on our trademark and licensing agreement, and expect that it will be signed shortly.

At the same time, based on the ADA model, we have entered into a tripartite agreement with the Canadian Academy of Periodontology and Procter and Gamble Inc. on delivery of this program in Canada. The formal signing of our tripartite agreement is scheduled for June 23, 1995 in Toronto.

It should be noted that the costs of introducing PSR into Canada are being borne by Procter and Gamble Canada Inc. They have set aside close to \$350,000 in 1995 and 1996 to launch PSR in Canada. The bulk of these costs are for the adaptation and reproduction of Canadian PSR materials, and will be spent by June 30, 1995. CDA's administrative costs are minimal by comparison with a small budget for incidental and administrative expenses of \$5,000 in both 1995 and 1996.

DEVELOPMENT OF CDA CORE MATERIALS

A core set of materials for GPs across the country is being developed and funded by Procter and Gamble based on the ADA model. With the exception of the appropriate changes in the names of the organizations involved (ie: ADA to CDA, AAP to CAP, etc) and the addition of a small

section at the back of the core binder of materials entitled "After PSR", the materials will remain the same as that of the ADA. The additional section is being contributed by the Canadian Academy of Periodontology and encompasses the attached flow chart entitled "A Model for Collaborative and Responsible Periodontal Therapy". An additional two to three pages of explanatory notes are also being provided by CAP to supplement the flow chart.

In addition to the core materials being developed for all practitioners, periodontists will receive a supplemental kit of materials that will include a set of slides outlining the program. It will be their responsibility to ensure that lectures or presentations are given to GPs across the country on PSR and how to use it.

This collaborative approach between the Periodontists and GPs is the model used in the U.S. and is based on the premise that the first two stages of the program will involve:

- ☐ introducing the program to periodontists (This was formally done at their May 1995 annual meeting and continues informally over the summer.)
- ☐ introducing the program to GPs and establishing a mechanism whereby periodontists can make presentations to GPs on the program.

The third stage of the program will be a public education campaign on PSR to make patients aware of this program and their PSR score. This third stage of programming is scheduled for sometime late in 1996 after the successful completion of stages one and two.

LAUNCH OF THE PROGRAM

Pending approval by the CDA Executive Council in June 1995 and following distribution of information to both corporate members and licensing bodies, it is the hope of CDA and its PSR partners to launch the program at the 1995 CDA annual convention in Ottawa this August. We have requested the assistance of the convention committee to provide the following:

- ☐ an introductory lecture (in English and French) on PSR at the CDA Ottawa Convention. Each will be a half-day presentation and speakers will be Dr. Cary Galler and Dr. Michel Couture from CAP.
- ☐ insertion of PSR background information in registration kits at the CDA Convention
- ☐ information on PSR at both the CDA booth and the Procter and Gamble booth
- ☐ an official launch of PSR at the Procter and Gamble booth at the CDA Convention
- ☐ coverage in the convention program on PSR

In addition, we plan the following:

- ☐ insertion of PSR background information, PSR announcement, and a list of PSR lecture dates in the September issue of both the CDA Journal and the CDHA Journal
- ☐ initiation of a PSR hotline for GP dentist PSR information and PSR materials ordering, with a special toll-free number that will run from September 1 to December 31, and longer, if needed (paid for by P & G). Staffing for this toll-free line will be the responsibility of CDA
- ☐ launch of a major lecture program (based on the content of the lecture given at the CDA Convention) to introduce PSR across the country. CDA will arrange lectures in the following cities: Victoria, Vancouver, Edmonton, Calgary, Winnipeg, Toronto, Ottawa, London, Windsor, Sudbury, Montreal, Quebec City, Halifax and Fredericton. These will be scheduled either during the evening or on a Friday morning. A registration fee will be charged for both dentists and staff and one PSR binder will be given per registered dentist at the lecture. Lectures will be given by periodontists who have been selected by CAP to present.
- ☐ for the first few months of the program, the binders will be distributed only on attendance at a lecture. Supplementary lectures will also be provided by CAP representatives on a needs basis following the CDA program. Once the initial launch of the program has occurred and binders have been distributed to all attending dentists or staff, the Committee will discuss the second wave of distribution of these materials.
- ☐ CDHA has been invited to play a supportive role in the launch of the program. As noted previously, they will be publicizing the program in their Journal beginning in September and will provide their members with an update on the program this June at their annual meeting. They are fully supportive of the lecture program and will encourage their members to attend. They will continue to promote the program throughout the fall and will have access to the PSR hotline.
- ☐ CDAA has also asked to be kept informed but, for financial reasons, declined attendance at our most recent meeting.
- ☐ CDA staff and the CAP administrator will be jointly responsible for distribution of the PSR binders. CDA will be responsible for the continued fulfilment of supplies such as the patient brochure which is part of the package. The kit will contain a list of the names and manufacturers of probes, and dentists will be instructed to order these supplies directly from the manufacturer.
- ☐ CDA will also undertake an organized publicity and promotion initiative in both the

Journal and *Communiqué* on PSR beginning in late summer/early fall. Regular updates and information will appear on PSR. In support of this, P & G Inc. has also taken out advertising space in the *Journal* to promote PSR.

- CDA will request authorization from hygiene and dentist licensing bodies to grant three CE points for the PSR lecture

CONCLUSIONS

The planning, coordination and launch of PSR has been a major undertaking for the CDA and its partners over the past year. Some program details have yet to be worked out and the final agreement with the ADA has yet to be signed, although all of the points at issue have been resolved.

It is the PSR Committee's feeling that there is a great deal of interest and enthusiasm out in the marketplace for PSR and, in fact, some members of our profession are already using these materials, having obtained them through the ADA and periodontal courses that are being given privately.

It is in the best interests of both the profession and CDA that we launch PSR as a CDA membership service as soon as possible. It is a program that has been successful in the United States, and CDA anticipates the same success here in Canada.

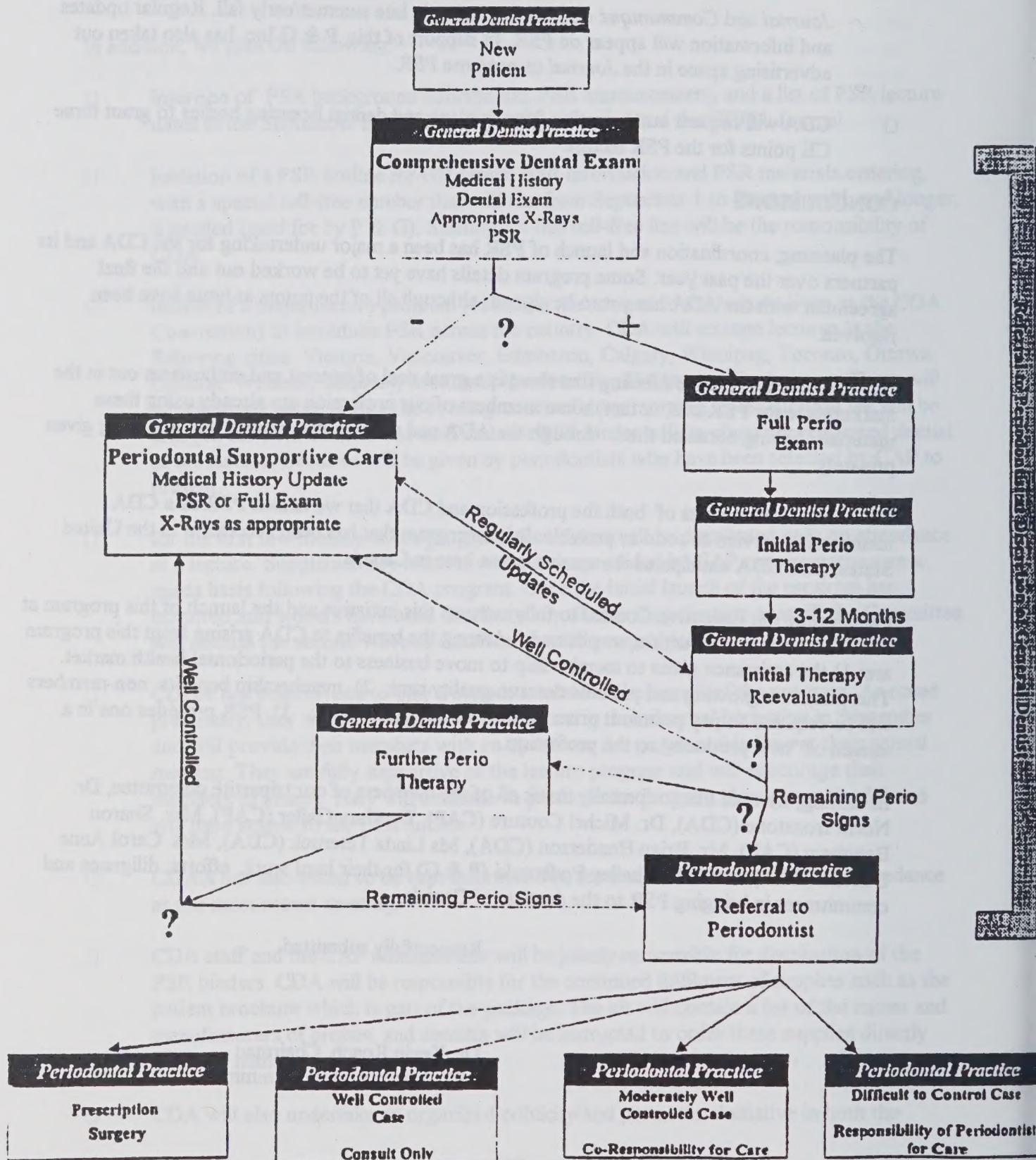
I encourage the Executive Council to fully support this initiative and the launch of this program at the CDA Ottawa convention, as planned. Among the benefits to CDA arising from this program are: 1) the assistance given to membership to move business to the periodontal health market. This market is growing and patients deserve quality care; 2) membership benefits; non-members will be required to pay premium price for materials, lectures, etc.; 3) PSR provides one in a stream of "new products" to the profession.

In closing, I would like to formally thank all of the members of our tripartite committee, Dr. Norm Ironstone (CDA), Dr. Michel Couture (CAP), Dr. Cary Galler (CAP), Mrs. Sharon Bangham (CAP), Mr. Brian Henderson (CDA), Ms Linda Teteruck (CDA), Mrs. Carol Anne Deneka (CDA), and Mrs. Shelley Podborski (P & G) for their hard work, efforts, diligence and commitment in bringing PSR to the dentists of Canada.

Respectfully submitted,

Dr. Kevin Roach, Chairman
PSR Administrative Committee

Model for Collaborative and Responsible Periodontal Therapy



? - Decision point

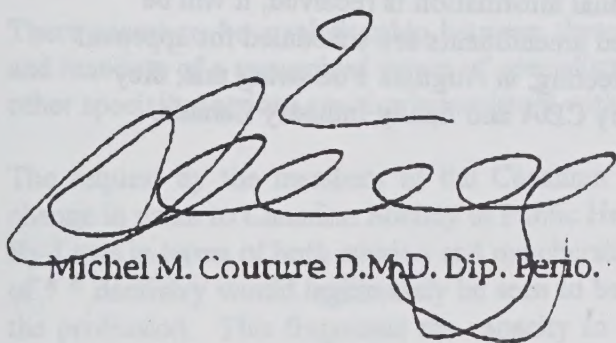
Summary of lecture to be presented to the CDA meeting in august 1995 in Ottawa.

Title: THE PSR PROGRAMME: Is your practice up to date in periodontics?

Description: The main purpose of the lecture is to introduce the Periodontal Screening and Recording programme to the general practitioners. From how to probe, where to probe, how to chart, what to chart to the clinical meaning of the different states of the disease and the most important aspect: what to do with the patient in terms of treatment. It will be a complete lecture in modern periodontology applicable to the day to day private practice environment.

Titre: LE PROGRAMME PSR: Etes- vous à jour en Parodontie?

Description: Le but premier de cette conférence est de présenter le programme "Periodontal Screening and Recording" au praticien général. De cette nouvelle façon d'examiner le parodonte de nos patients à comment faire le sondage et surtout quoi faire cliniquement avec les différents stades de la maladie. Il s'agit d'une revue complète de l'exercice de la parodontie par le généraliste en cabinet privé.



Michel M. Couture D.M.D. Dip. Perio.



April 25, 1995

Mr. John Gillies
Executive Director
Ontario Dental Association
4 New Street
Toronto, Ontario
M5R 1P6

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Mr. Gillies:

I am writing as a follow-up to the discussions on the proposed changes to the Constitution and By-Laws of the Canadian Society of Public Health Dentists (CSPHD) that took place at the April 1995 Interim Meeting of the CDA Board of Governors.

At the meeting, the Ontario Dental Association raised concerns with the proposed change to the name of this organization and to its membership requirements. I would appreciate it if you could forward a written outline of these concerns so that they can be reviewed by the CDA Council on Constitution and By-Laws at its next meeting, which is scheduled for early May.

I have spoken briefly to Dr. Cooney, CSPHD President, of the issues identified. He has indicated that as soon as additional information is received, it will be considered expeditiously. The proposed amendments are scheduled for approval consideration at the CSPHD Annual Meeting, in August. Following this, they would require approval consideration by CDA and finally Industry Canada.

Sincerely yours,

Sandra Davis, CAE
Manager, Corporate Affairs

c.: Dr. Mac Balfour, Chairman, Council on Constitution and By-Laws



ONTARIO DENTAL ASSOCIATION

May 18, 1995

Ms. Sandra Davis, C.A.E.
Manager, Corporate Affairs
Canadian Dental Association
1815 Alta Vista
Ottawa, ON K1G 3Y6

Dear Ms. Davis:

I have for reply your letter of April 25 in which you request that we amplify issues that were addressed at the CDA Board meeting relating to the name of the organization which represents public health dentists in Canada.

The mission of the CDA states, in part, to be "the authoritative national voice and resource for dentists."

ARTICLE XVII of the By-Laws state that "Sections of the Association shall be the national organizations of the specialties recognized by the Association etc."

There seems to be a relationship between these two articles and the name, membership and mandate of a recognized group of specialists. It would seem to me that the names of other specialty sections are also inconsistent with the above.

The request by the members of the Canadian Society of Public Health Dentists for a change in name to Canadian Society of Public Health Dentistry leads to conflict with CDA By-Laws in terms of both mission and membership. The role of any society or association of * * dentistry would legitimately be seen to be the authoritative body for that aspect of the profession. This fragments the capacity to have one national body identified as the authoritative national voice. The change was requested to accommodate a desire to have persons other than dentists as members. This too seems to conflict with this section of the By-Laws as such persons would not be members of the specialties recognized by the association.



4 NEW STREET
TORONTO, ONTARIO M5R 1P6
TELEPHONE (416) 922-3900
FAX: (416) 922-9005

I would suggest that to accommodate this particular specialty, and those which are also seen as being outside the scope of the By-Law, that either the societies be asked to change their names, or this By-Law be changed.

Yours truly,

John C. Gillies, B.A., C.A.E.
Executive Director

SCHEDULE FOR DR. BRYUN SIGFSTEAD, PRESIDENT
CALENDRIER D'ACTIVITES POUR DOCTEUR BRYUN SIGFSTEAD, PRESIDENT

1994 - 1995

1994

October 2-8	FDI World Congress	Vancouver
October 4	Executive Council	Vancouver
October 18	*All Societies Meeting	Toronto
October 22-26	American Dental Association Annual Session	New Orleans
November 5	University of Alberta Welcome	Edmonton
November 9	University of Saskatchewan Welcome (represented by Dr. White)	Saskatoon
November 12	University Laval Welcome (represented by Dr. Dolman)	Ste. Foy
November 16	CDA Presentation to Finance Committee	Ottawa
November 17	Management Committee	Montebello
November 18-20	Executive Council Planning Session	Montebello
November 23	*Toronto Academy of Dentistry Winter Clinic (represented by Dr. Brookfield)	Toronto
November 25,26	ODA Fall Board Meeting	Toronto
November 26	University of Laval 25th Anniversary (represented by Dr. Dolman)	Ste. Foy
December 16	BC College Council	Vancouver

1995

January 24	CDSPI Restructuring Interviews	Toronto
January 25	CDA/CDSPI Management	Toronto
January 26-28	Manitoba Dental Association Annual Board and Dental Meeting	Winnipeg
February 1	Management Committee	Banff
February 3,4	Pre-Board Executive Council	Banff

February 7	*North Bay Dental Society (represented by Dr. Brookfield)	North Bay
February 9	University of Toronto Information Night (represented by Dr. Dolman)	Toronto
February 16	University of Western Ontario Information Night (represented by Dr. Dolman)	London
March 2-4	BC Dental Meeting	Vancouver
March 23	Executive Council Outreach Program	Ottawa
March 24	CDA/ODA Management Committee	Ottawa
April 6,7	National Conference on the Future and Funding of Academic Health Science Centres (represented by Dr. Brooke)	Toronto
April 6	Management meets with Minister of Health	Ottawa
April 6	Management Committee	Ottawa
April 7	Government Relations Dinner	Ottawa
April 7, 8	Interim Meeting - CDA Board of Governors	Ottawa
April 9	CDSPI Corporate Restructuring Workshop	Ottawa
April 10	CDA/ADA Management Meeting	Ottawa
April 11	Montreal University Entretiens de médecine dentaire (represented by Dr. Dolman)	Montreal
April 20	*Hamilton Academy of Dentistry Past-Presidents' Dinner	Hamilton
April 27	*Essex County Dental Society	London
May 4	*Niagara Peninsula Dental Society	St. Catharines
May 11-13	Ontario Dental Association (represented by Dr. Brookfield)	Toronto
May 11-13	Newfoundland Dental Association Annual Meeting	St. John's
May 23-28	Alberta Dental Association Annual Meeting	Jasper
May 26	Management Conference Call re: CDAnet	

May 29-31	Les Journées dentaires du Quebec	Montreal
May 30	McGill University Grad Breakfast	Montreal
May 30	CDA/ODQ Management Meeting	Montreal
June 1-3	Dental Association of PEI Annual Meeting	Mill River
June 2	Université Laval Graduation (represented by Dr. Dolman)	Québec City
June 2	University of Western Ontario Graduation (represented by Dr. Somer)	London
June 8	Management Committee	Ottawa
June 9, 10	Pre-Board Executive Council	Ottawa
June 9	University of Toronto Graduation (represented by Dr. Roach)	Toronto
June 12	American Dental Association Management	Chicago
June 22	CDHA Annual Session (represented by Dr. Conrod)	Halifax
August 3,4	DOTP Phase 3 Graduation	Borden
August 24	Management Committee	Ottawa
August 25-26	Annual Meeting - CDA Board of Governors	Ottawa
August 26	Canadian Society of Public Health Dentists (represented by Dr. Crawford)	Ottawa
August 26	Executive Council	Ottawa
August 26-30	CDA Annual Dental Meeting	Ottawa

*: CDA/ODA Speakers' Tour
 July 4, 1995

EXECUTIVE COUNCIL (ADDENDUM)

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Bryun Sigfstead, Edmonton, Chairman
Dr. James Brookfield, Kirkland Lake
Dr. Barry Dolman, Montreal
Dr. Tom Breneman, Brandon
Dr. John Diggins, Vancouver
Dr. Louis Dubé, Sherbrooke
Dr. Toby Gushue, St. John's
Dr. Richard Sandilands, Edmonton
Dr. David Somer, Hamilton
- Senior Staff:** Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Corporate Affairs
Mr. Brian Henderson, Director of Professional Services
Mr. Joel Neal, Director of Administration
Ms. Linda Teteruck, Director of Communications
- Coordinator:** Mrs. Suzanne Burton

1. **Council Meeting**

Executive Council held a Conference Call on July 11, 1995.

ITEMS REQUIRING BOARD ACTION

2. **Third Party Dental Plans Conference**

The Third Party Dental Plans Conference was held on June 23-24, 1995, in Toronto. The report on the Conference is appended, and contains a recommendation for the Board's consideration.

RESOLVED:

- 95.53** **THAT the word "review" be replaced with the word "identify" in the first point of the Terms of Reference.**

ADOPTED

APPENDIX A

**EXECUTIVE COUNCIL
(ADDENDUM)**

- 2 -

RESOLVED:

95.54 **THAT the second point of the Terms of Reference be replaced with the following text:**

- 2. To develop a related national strategic plan and expedite cooperation, coordination and implementation at both the national and provincial levels.**

ADOPTED

RESOLVED:

95.55 **THAT each occurrence of the words "to/in the marketing of dental benefits" be replaced with the words "of dental benefit plans" in points 1, 4 and 5 of the Terms of Reference.**

ADOPTED

RESOLVED:

95.56 **THAT a Steering Committee on Dental Benefits Issues be established with the following Terms of Reference, as amended:**

**Steering Committee on Dental Benefits Issues
Terms of Reference**

- 1. To identify and monitor issues, trends and developments in dental benefit plans and to advise the CDA Board of Governors and cooperating associations.**
- 2. To develop a related national strategic plan and expedite cooperation, coordination and implementation at both the national and provincial levels.**
- 3. To recommend policy safeguarding quality oral health care for patients and the primary care responsibility of the dental profession.**

**EXECUTIVE COUNCIL
(ADDENDUM)**

- 3 -

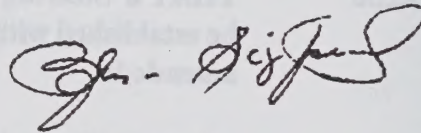
4. To recommend initiatives, projects and resources for the education of our patients, the profession and other stakeholders in dental benefit plans.
5. To recommend communication strategies related to dental benefit plans and to undertake regular and planned communication with stakeholders.

THAT the composition of the Steering Committee be approved as set out in Appendix III of the report.

THAT the 1995-96 operating budget be revised to include the sum of \$30,000 for the activities and operation of the Steering Committee on Dental Benefits Issues.

ADOPTED

Respectfully submitted,



Bryun Sigfstead, D.D.S.
Chairman, Executive Council

FILING OF REPORT

The Board of Governors accepts with appreciation the addendum report of the Executive Council.

THIRD PARTY DENTAL PLANS CONFERENCE REPORT

Participants:	See Appendix I
Working Group:	See Appendix II
Executive Liaison:	Dr. James Brookfield
Staff:	Mr. Brian Henderson, Director, Professional Services Ms Susan Matheson, Associate Director, Education and Accreditation Ms Lorraine Emmerson, Coordinator, Education Ms Christiane Dowsing, Coordinator, Education Ms Patricia Drake, Coordinator, CDAnet

The Canadian Dental Association conference on Third Party Dental Plans was held in Toronto on June 23-24, 1995. The conference was co-chaired by Dr. David Somer and Dr. Luc Dugal, Chair of the CDA Third Party Dental Plans Committee. Dr. James Brookfield, CDA President-elect, served as liaison to the Planning and Issues Coordinating Committee and Executive Council.

1. Conference Format

On the first day of the conference, several speakers provided some background on issues influencing dental plans, current trends and possible developments. Following opening remarks by Dr. Luc Dugal, Mr. Peter Arison of the Ontario Dental Association presented information on the evolution of dental plans, marketing of dental plans and current trends in plan design. He emphasized that the major shifts occurring included a shift from defined benefit coverage to defined contribution plans, to plans emphasizing individual coverage based on individual needs and in general a shift to place the decision on coverage and costs in the hands of the consumer. He suggested that the role of the dental professional in such circumstances was to focus on existing and emerging needs of the individual and family and to find, communicate and deliver value. Mr. Lyle Best, of the Alberta Dental Services Corporation, described differences in perspective between the dental profession and plan developers. He noted the potential for CDA to develop an education program to assist consumers in the assessment of "flexible" plans. He described the Quickcard program employed by the Alberta Dental Association. Mr. Charles Black and Ms Irene Klatt of the Canadian Life and Health Insurance Association (CLHIA) provided further information on the economic climate affecting dental plans, taxation, claims control, fraud and other factors. It was emphasized that the insurance industry is primarily concerned to market plans incorporating the best services at the best value and that patient participation in plan design was a trend resulting from such a goal.

Dr. Al Guay of the American Dental Association pointed out that the shifts and changes noted by previous speakers could all be related to one single factor - the problem of excess capacity in the system. There are more dental professionals available than required and the purchaser of services has more leverage to negotiate price and delivery. Dr. Guay stated that emerging demands include the demand for more access, the demand for more quality and the demand for cheaper care. He suggested that it was possible to achieve two of the three demands at one time but not all three. He also concluded that part of the solution, for the dental profession, was to convert need to demand. Information on the concept of managed care and different types of managed care plans were presented. Dr. Guay noted that the shift to make the consumer responsible for third party coverage decisions was linked to a philosophy that the direct economic beneficiaries should not make the related care decisions. The American Dental Association is attempting to assist its members to understand third party plans and managed care through educational programs. It also provides a contract analysis service for members who wish to participate in such plans. Following Dr. Guay's presentation, Mr. William Johnston, a taxation lawyer whose experience includes interaction with government on taxation matters, reviewed the continuing threat of taxation of health benefits. He suggested that it was inevitable that government would attempt, once again, to introduce such taxation in its continuing search for new and increased revenue. The individual presentations were followed by a panel discussion coordinated by Dr. Luc Dugal. Questions from the floor were addressed to the various speakers and this session concluded the first part of the conference, the presentation of information on issues and trends.

On Saturday, June 24, the morning was devoted to a group discussion aimed at identifying key policy issues. A plenary session followed and five key policy issues were selected as the consensus of the group process.

In the afternoon session, a smaller working group was established to give further consideration to the issues identified and to suggest CDA initiatives in response.

2. Issues and Recommendations

Assumptions:

For purposes of discussion, it was assumed that the profession is entering a new cycle in the development of third party dental plans and that the consumer will be a key element in their development; that the dental profession is ready to embrace change in order to maintain quality care and the role of the dentist as the primary care provider; that the profession sees oral health as an integral part of general health care; that a strategic plan is required to reflect the interest of the dental profession in the transition to new types of third party coverage; that the Canadian Dental Association would play a leadership and advocacy role on behalf of the dental profession.

Recommended Objectives for the Canadian Dental Association:

The following objectives were identified by the working group as arising from group discussion.

1. A coordinating committee should be established to link CDA and provincial associations in delineating policy, recommending initiatives and following up to reflect the interests of the dental profession and dental patients in the marketing of dental care.

The working group felt that the coordinating committee could ensure that CDA and provincial bodies "choose the same hymn book and learn the same songs". Provincial and national meetings with stakeholders would accordingly seek the same outcomes for the dental profession and be based upon the same positions and standards. The coordinating committee could provide guidance on plan design, manpower and regulatory concerns. Establishment of such a coordinating committee would formally reflect the agreement and commitment of CDA and provincial associations to work together.

There was a very strong feeling that such cooperation is vital if the dental profession is to be successful in dealing with the variety of potentially threatening trends and developments described by conference speakers.

2. Education/Communication

The working group recommends that CDA undertake market research to determine the third party dental plan needs and desirable responses. It was felt that CDA positions need to be based upon a knowledge of what is happening and an ability to assess the potential of policies and positions in the context of real and emerging needs.

Educational programs, pamphlets, campaigns, outreach programs, advertisements, etc. might be employed to communicate the threats and opportunities to the dental profession, to educate patients to make intelligent choices, and to balance initiatives by the insurance industry in marketing and promoting alternative plans.

3. Communication and Liaison

Regular, structured and consistent communication with the insurance industry, benefits consultants, licensing bodies and other constituencies concerned with third party dental plans is recommended.

4. The Profession Sets the Standards

It was emphasized that the dental profession should continue to be responsible for identification of the level of care required by a patient in accordance with the patient's individual condition. CDA should consider initiatives which would contribute to the attainment of this goal. Such initiatives might include guidance on the control of abuse/fraud; initiatives to explain advantages and disadvantages of types of third party coverage; resource documents for patients outlining specifics of dental treatment and associated costs.

3. Conclusion

The strong consensus of the conference was that issues, trends and developments in the marketing of dental care to consumers by third party contractors represent real threats to quality dental care for patients and to dentists as primary care providers. It was agreed that CDA and the provinces need to work together and that CDA should assume a leadership role. The first step is to establish a steering committee to identify the needs of the major stakeholders in the changing dental benefits marketplace and to recommend related actions. The following recommendation is accordingly presented:

RECOMMENDATION:

That a Steering Committee on Dental Benefits Issues be established with the following Terms of Reference:

**Steering Committee on Dental Benefits Issues
Terms of Reference**

1. To review and monitor issues, trends and developments in the marketing of dental benefits and to advise the CDA Board of Governors and cooperating associations.
2. To expedite the coordination of related strategic planning and initiatives at both national and provincial levels.
3. To recommend policy safeguarding quality oral health care for patients and the primary care responsibility of the dental profession.
4. To recommend initiatives, projects and resources for the education of our patients, the profession and other stakeholders in the marketing of dental benefits.
5. To recommend communication strategies related to the marketing of dental benefits and to undertake regular and planned communication with stakeholders.

That the composition of the coordinating committee be approved as set out in Appendix III.

That the 1995-96 operating budget be revised to include the sum of \$30,000 for the activities and operation of the Steering Committee on Dental Benefits Issues.

CDA THIRD PARTY DENTAL PLANS CONFERENCE PARTICIPANTS

Dr. Stephen Abrams	Ontario Dental Association
Dr. David Anderson	CDA Third Party Dental Plans Committee
Dr. Peter Arison	Speaker - Ontario Dental Association
Dr. Brian Barrett	Dental Association of PEI
Dr. Richard Beauchamp	Alberta Dental Association
Mr. Lyle Best	Speaker - Alberta Dental Service Corporation
Mr. Frank Bevilacqua	Ontario Dental Association
Mr. Charles Black	Speaker - CHLIA
Dr. Tom Breneman	CDA Third Party Dental Plans Committee
Dr. Jim Brookfield	President-Elect, CDA
Dr. Gary Butler	Newfoundland Dental Association
Dr. George Citrome	Royal College of Dental Surgeons of Ontario
Lt. Col. Cooper	DND, Ottawa
Dr. Ralph Crawford	CDA
Dr. Charles Daly	Newfoundland Dental Board
Mrs. Sandra Davis	CDA
Mr. Terence Davis	CDA
Dr. Alf Dean	CDA Third Party Dental Plans Committee
Dr. John Diggins	Executive Council, CDA
Dr. Bernie Dolansky	CDA
Dr. Barry Dolman	Vice-President, CDA
Mrs. Pat Drake	CDA
Dr. Louis Dubé	ACDQ
Dr. Luc Dugal	Conference Co-Chairman
Dr. Fred Eckhaus	Royal College of Dental Surgeons of Ontario
Dr. Roger Ellis	Royal College of Dental Surgeons of Ontario
Ms. Lorraine Emmerson	CDA
Dr. Peter Fendrich	Ontario Dental Association
Dr. Al Guay	Speaker - American Dental Association
Dr. Toby Gushue	Executive Council - CDA
Dr. Ed Hannigan	Nova Scotia Dental Association
Mr. Brian Henderson	CDA
Dr. W.J. Hollingshead	Alberta Dental Association
Dr. Roger Howard	Ontario Dental Association
Ms. Susan Hyatt	Facilitator, Toronto
Mr. William Johnston	Speaker - Ottawa
Ms. Irene Klatt	Speaker - CHLIA
Dr. Gary Klopoushak	College of Dental Surgeons of Saskatchewan
Ms. Sonia L'Heureux	Department of Finance, Ottawa
Dr. Gary MacDonald	Newfoundland Dental Association
Dr. Don McFarlane	College of Dental Surgeons of British Columbia
Ms. Susan Matheson	CDA
Dr. Elizabeth McSween	Taxation - CDA

Mr. Jardine Neilson
Mr. Don Pamenter
Dr. George Peacock
Dr. Barry Rayter
Dr. David Somer
Dr. Deborah Stymiest
Ms. Linda Teteruck
Dr. David Tobias

Executive Director, CDA
Nova Scotia Dental Association
College of Dental Surgeons of Saskatchewan
Manitoba Dental Association
Conference Co-Chairman
New Brunswick Dental Society
CDA
CDA Third Party Dental Plans Committee

Chair

- Committee Chairman
- Executive Director
- Chairman, Third Party Dental Plans Committee

PROVINCES:

- 1 Representative from the Atlantic Provinces
- 1 Representative from Quebec
- 1 Representative from Ontario
- 1 Representative from Western Canada

Voluntary Committee Budget

The recommendation for approval of the total CDA funding requires primary responsibility for funding, with active support from provincial associations, such support might include, for example, attendance of expert personnel and at appropriate committee meetings at the expense of the province. A detailed committee budget will be prepared following the first meeting of the committee.

3 meetings of 5-8 members	\$25,000
Travel & Lodging (Chair)	\$ 1,000

CDA WORK SESSION - BY INVITATION ONLY

Mr. Peter Arison
Dr. Tom Breneman
Dr. Jim Brookfield
Dr. Alfred Dean
Dr. Barry Dolman
Dr. Luc Dugal
Dr. Al Guay
Dr. Toby Gushue
Dr. W.J. Hollingshead
Ms. Susan Hyatt
Dr. Don McFarlane
Dr. Barry Rayter
Dr. David Somer

APPENDIX III

Composition

Steering Committee on Dental Benefits Issues

The committee will be composed of from six to eight members, reflecting the positions and areas of representation set out below. One committee member may reflect more than a single position or geographic area; for example, the committee chair could also be executive liaison. Members will be appointed by CDA in consultation with areas represented.

CDA:

- Committee Chairman
- Executive Liaison
- Chairman, Third Party Dental Plans Committee

PROVINCES:

- 1 Representative from the Atlantic Provinces
- 1 Representative from Quebec
- 1 Representative from Ontario
- 2 Representatives from Western Canada

Preliminary Committee Budget

The recommendation for approval of the initial CDA funding assumes primary CDA responsibility for funding, with active support from provincial stakeholders; such support might include, for example, attendance of expert provincial staff at appropriate committee meetings at the expense of the province. A detailed committee budget will be prepared following the first meeting of the committee.

3 meetings of 6-8 members:	\$25,000
Travel & Liaison (Chair)	\$ 5,000

**SUBMITTED RESOLUTION
BY THE ONTARIO DENTAL ASSOCIATION**

Eligibility for CDA Investment and Insurance Programs

- 95.57** **THAT the current policy on eligibility for CDA investment and insurance programs be rescinded.**

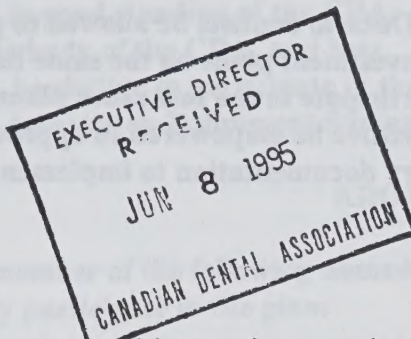
ADOPTED

- 95.58** **THAT the CDA Board of Governors affirm the continuation of the eligibility requirements as adopted by Resolution 85.14, specifically that Ontario Dentists be allowed to participate in the investment plans on the same basis that they participate in the insurance plans.**

ADOPTED

June 5, 1995

Mr. Jardine Neilson, C.A.E.
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6



Dear Mr. Neilson:

Our Presidents have recently exchanged letters in regard to the ODA's concerns relating to the eligibility requirements for the CDA investment programs.

Please accept this letter as a written resolution to place this matter on the agenda of the 1995 Annual Meeting of the CDA Board of Governors to be held on August 25-26, 1995.

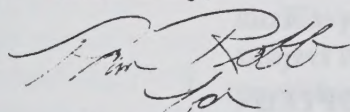
The specific resolution that we would like to have addressed is as follows:

"That the current policies on eligibility for CDA investment and insurance programs be rescinded and that the CDA Board of Governors affirm the continuation of the eligibility requirements as adopted by Resolution 85.14, specifically that Ontario dentists be allowed to participate in the investment plans on the same basis that they participate in the insurance plans."

For the information of the Board of Governors, the basis on which Ontario dentists participate in the insurance plans is that they must be and continue to be a member of either the Canadian Dental Association or the Ontario Dental Association or both.

Would you please confirm your receipt of this letter and acknowledge that it will in fact be placed on the agenda for consideration of the CDA Board at the August 1995 Meeting.

Yours truly,



John C. Gillies, B.A., C.A.E.
Executive Director

JCG/pr

 Dr. David Somer

4 NEW STREET
TORONTO, ONTARIO M5R 1P6
TELEPHONE (416) 922-3900
FAX: (416) 922-9005

Participation Agreement

- 85.14 **THAT Ontario dentists be allowed to participate in the investment plans on the same basis that they participate in the insurance plans and that the Executive be empowered to approved the necessary documentation to implement this.**

ADOPTED

CDA RSP

- 85.126 **THAT there be no eligibility requirements for participation in the CDA RSP, other than being a licensed dentist in Canada.**

DEFEATED

- 85.127 **THAT the eligibility requirements for participation in the CDA RSP be that one must be a member or spouse of a member who belongs to the CDA or corporate body.**

ADOPTED

- DIRECTION:** **Eligibility requirements should include provision for employees and families of CDA, CDA Corporate Members, NDEB, RCDC, and CDSPI.**

- 85.128 **THAT the Management Committees of CDA and CDSPI review the motion on Participation Re RSP and report to the 1986 Interim Board meeting.**

ADOPTED

CDA RSP Eligibility

- 86.30** **THAT a member in good standing of the CDA, and/or a corporate body of the CDA, and that members' spouse, be eligible to participate in the Canadian Dental Association Retirement Savings Plan.**

ADOPTED

- 86.31** **THAT any staff member of the following named organizations may participate in the plan:**

**Canadian Dental Association
Alberta Dental Association
College of Dental Surgeons of British Columbia
Manitoba Dental Association
New Brunswick Dental Society
Newfoundland Dental Association
Newfoundland Dental Board
Nova Scotia Dental Association
Provincial Dental Board of Nova Scotia
Ontario Dental Association
Royal College of Dental Surgeons of Ontario
Dental Association of Prince Edward Island
Association des chirurgiens dentistes du Québec
Ordre des dentistes du Québec
College of Dental Surgeons of Saskatchewan
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Canadian Dental Service Plans Inc.
Canadian Fund for Dental Education
Association of Canadian Faculties of Dentistry**

ADOPTED

- 86.33** **THAT the CDA permit an eligible dentists' auxiliary staff to participate in the CDA/RSP, subject to the same eligibility requirements as participation in CDIP.**

ADOPTED

RESOLVED:

- 93.70 **THAT, by the Fall of 1993 a CDA RRIF be offered, with the same fund investment philosophy in administration structure as that offered by the CDA RSP.**

Eligibility requirements will be the same as those currently used for the CDA RSP product, with a proviso that the participant has been a member of the CDA for the past five years. The individual would be allowed a grace period based on payment of fees in arrears. Dentist participants in the CDA RSP who have not been CDA members up until March 1, 1994, would be allowed a grace period of five years until March 1, 1998, during which they would be eligible to participate in the CDA RRIF, and all participants who invest in the CDA RSP after March 1, 1994, will be subject to the proviso as stated.

ADOPTED

NOTE: The Governor representing the Manitoba Dental Association opposed this recommendation.

The Board notes that Executive Council undertakes to examine identified areas of concern including the following: CDA RSP eligibility, sliding scale of participation, implications for retired members, and business decisions versus membership concerns, and to report on its findings at the next meeting of the Board.

At the CDSPI April Board meeting, concern was expressed that retirees, who have been members of CDA and/or a provincial co-sponsor, and have given up their license at time of retirement would possibly not meet the eligibility requirements that are now set out under the CDA RSP. From an administrative standpoint, CDSPI will be checking each RRIF applicant to determine eligibility qualifications. If it is determined in such checking that the individual is no longer an active member, but has been an active member and gave up membership because of retirement, it is proposed that this individual would be able to participate in the CDA RRIF by virtue of their past membership and their current retired standing.

7. Eligibility CDA RSP - CDA RIF

Following direction received at the 1993 Annual Meeting the Executive Council, at its Planning Session, examined eligibility for the CDA RSP and CDA RIF. The underlying principle of the discussion was exclusivity of member benefits. Preliminary direction was formulated at that time, for further discussion with CDSPI Management Committee. During that discussion, it was agreed that CDSPI would prepare a report to the Executive Council on eligibility requirements of the CDA RSP and CDA RIF. The report was received in December, 1993 and was discussed by Executive Council at its February meeting.

APPENDIX III

Executive Council also considered resolutions concerning eligibility requirements for CDA investment plans, which were approved by the Board of Governors during 1985 and 1986. While strongly supportive of the membership exclusivity principle, Executive Council believes that past agreements have a bearing with respect to current participants in the investment program.

Executive Council recommends:

APPENDIX IV**RESOLVED:**

- 94.6 **THAT the last three paragraphs be deleted from the following recommendation.**

DEFEATED**RESOLVED:**

- 94.7 **THAT individuals participating in the CDA RSP or the CDA RIF prior to January 1, 1995 shall remain eligible for further participation in the CDA RSP and the CDA RIF and shall not be required to meet any new or additional eligibility requirements; and**

THAT individuals seeking participation in either the CDA RSP or the CDA RIF following January 1, 1995, be required to meet stipulated requirements for eligibility and shall be assessed an annual processing fee payable to CDA. The fee will be waived for CDA members and non-member staff, covered in Resolutions 86.31 and 86.33; and

THAT the annual processing fee due CDA be initially set at \$50 per year, which will cover participation of both the dentist and spouse, if applicable; and

THAT these requirements supersede those stated in Resolution 93.70.

ADOPTED

8. New CDA RSP Fund Managers

The report of the Council on Insurance and Investment indicates that a search for new fund managers for the Equity Fund, the Balanced Fund and the Aggressive Equity Fund, was approved by the Board of Directors of CDSPI in October, 1993. The search process has been completed, and recommendations for new fund managers were approved by the CDSPI Board on a Conference Call meeting on January 19, 1994.

Recommendations were made to the Executive Council through a memorandum dated January 24, 1994. Executive Council approval was required at its February meeting, in order that the necessary promotional and marketing materials could be prepared by CDSPI. The following recommendations are presented for Board ratification.

APPENDIX V

RESOLVED:

94.8 THAT the firm of Knight, Bain, Seath and Holbrook be the fund managers for the CDA RSP Balanced Fund.

ADOPTED

RESOLVED:

94.9 THAT the firm of Altamira Management Ltd. be the fund managers for the CDA RSP Equity Fund.

ADOPTED

RESOLVED:

94.10 THAT the firm of Altamira Management Ltd. be the fund managers for the CDA RSP Aggressive Equity Fund.

ADOPTED

CDAnet COMMITTEE

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Les Allen, Winnipeg - Chairman
Dr. Dave Anderson, Ontario
Dr. Jim Brass, British Columbia
Dr. Alf Dean, Atlantic Provinces
Dr. Luc Dugal, Alberta

Executive Liaison: Dr. David Somer, Hamilton

Staff: Ms. Susan Matheson, Associate Director, Professional Services
Mrs. Patricia Drake, Coordinator, CDAnet

1. **Committee Meeting**

The CDAnet Committee has not met since the report to the 1994 Annual Board, on October 2, 1994 .

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. **CDAnet Statistics**

The number of offices and dentists on CDAnet, per province as of April 27, 1995

<u>Province</u>	<u>No. of Offices</u>	<u>No. of Dentists</u>
Alberta	206	362
BC	374	551
Manitoba	89	185
New Brunswick	16	30
Nova Scotia	31	66
Newfoundland	15	33
N.W.T.	2	9
Ontario	1050	2042
P.E.I.	1	1
Quebec	103	165
Saskatchewan	38	68
Yukon	0	0
	-----	-----
TOTALS	1925	3512

The amount of revenue received for the CDAnet project as of March 31, 1995 for Shared Health Network Services (SHNS) is \$196,244.78 + Gst and for National Data Corporation (NDC) the amount is \$184,691.64 + Gst for a total of \$380,936.42.

3. CDAnet Certified Software Vendors

As of April 1995, the following software companies have completed Certification with both networks and CDA:

Abel Computer Systems Ltd.
APG Computing Inc.

Computer Station
Cortex Computer Systems
DMS
Exan
Genie
Healthcare Communications
Maxim
Norburn
Zadall Systems Group Inc.
Mercad International Ltd.
Lane Schumer & Associates
Focus Multisystems Inc.

Alpha Bytes Computer Corp.
Autopia Computer Products
AD 2000 CLG Computer Consulting Inc.
Core Systems
Dialog Medical Systems Inc.
Domtrak
Execu-dent
Logic Tech
Mercedes Dental Software
Medical Dental Data Systems
Pharmaid
Harr-Comm Technology
Professional Software Developers
P&P Data Systems Inc.
The Bridge Network

CDAnet plus Certified Software Vendors

Abel Computer Systems (dos only)
AD 2000 CLG Computer Consulting Inc.
Dialog Medical Systems Inc.
Execu-dent
Mercedes Dental Software
Professional Software Developers

Autopia Computer Products
Computer Station
Exan (dos only)
Logic Tech
Mercad International Ltd.
P&P Data Systems Inc.

4. Insurer Participation and Status

The following insurance companies are processing claims on a REAL TIME basis:

Sun Life	Canada Life
Great West Life	Mutual Life
Confederation Life	Aetna
National Life	Alberta School Employee Benefit Plan
Prudential Insurance of America	Maritime Life Assurance Company

The following companies are processing claims on a BATCH basis:

Metropolitan Life	Manulife	Liberty Mutual
Green Shield		

5. Marketing Activities for CDAnet and CDAnet *plus*

The full page colour magazine ads produced in 1994 for CDAnet and CDAnet *plus* will be run in alternate months of the CDA Journal. To compliment these ads, business reply cards will be inserted to allow dentists to request more information on these two programs.

The CDA booth hosted on-site demonstrations of CDAnet and CDAnet*plus* during the BC College Annual Meeting in early March 1995. The CDA booth will host on-site demonstrations of both programs at the ODA Annual Meeting and Les Journées Dentaires in May 1995, and at the CDA Annual Dental Meeting in August in Ottawa.

Information packages containing CDAnet CDAnet*plus* fact sheets, pamphlets and subscription agreements are sent out daily by CDA staff.

With the recent addition of MSA and CU&C to the CDAnet program, a direct mail package will be sent to all non-CDAnet subscribers in British Columbia in May 1995 in an effort to encourage them to subscribe to CDAnet and CDAnet*plus*.

6. CDAnet plus

- a) Current services offered on CDAnetplus see Appendix I

APPENDIX I

- b) Seminar presentations to software vendors:

The following software vendors have attended seminars developed and presented by Carol Anne Deneka, CDA Member Services; Steve Beriault, Director of Healthcare Operations NDC; Don Cobban, Vice-President Merchant Services NDC; and Jean Allen, Director of Sales IMPACT Immedia.

Execu-Dent	Autopia	Computer Station	Norburn Consultants
Logic Tech	Mercad	Dialog	Abel
Exan	Mercedes	Zadall	

The following vendors are scheduled for seminar presentations in May 1995.

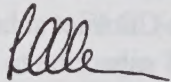
P&P Data Systems	Domtrak	Pharmaid	The Bridge Network
Practice Makes Perfect			

The 3 hour presentation covers such topics as the features of CDAnet and CDAnetplus, why a software vendor should certify for CDAnetplus, suggestions on how to promote CDAnet plus to new and existing customers, and to gather feedback from the vendors on how the program could be improved to benefit the dental market. To date, we have found the seminar very beneficial in encouraging software vendors to certify.

7. Closing Comments by Chairman

I wish to thank the committee members for their continued support in the promotion and marketing of CDAnet. The Committee also wishes to thank Pat Drake, Susan Matheson, and Carol Anne Deneka for their efforts in support of the CDAnet Committee.

Respectfully submitted,



Les Allen, D.M.D.
Chairman, CDAnet Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the CDAnet Committee as information.



CDAnet*plus*

On-line services

Subscription fee: **member dentist** - \$39.95 monthly plus tax
 non-member dentist - \$44.95 monthly plus tax

Initial Monthly Services:

- One E-Mail box - send and receive
- Electronic credit card authorization
- Electronic credit card draft capture
- Access to TeleCheck cheque verification and guarantee
- File transfers up to 10 kilocharacters per transmission
- Internet address
- Access to Scotia Bank on-line banking services
- Bilingual help desk: 1-800-361-7252

Fee for Service:

- Bulletin Board Access
- Messaging service outside continental North America
- Fax service
- Transmission of files over 10 kilocharacters (approx 4 pages)

CDAnetplus services under development:

- CDA Library services
- CDA Annual Dental Meeting and continuing education registration
- Dental supplies catalogue and order entry
- Referral service
- Direct debit financial services

Call 1-800-267-6354 for more information or a subscription agreement

1703/95

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Dentistry's
National
Information
Network

COMMUNICATIONS AND MEMBERSHIP COMMITTEE

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

MEMBERS: Dr. John Diggins, Vancouver - Chairman
Dr. Gary Austman, Steinbach
Dr. Louis Dubé, Sherbrooke
Dr. Chantal Fortier, Quebec City
Dr. Mahnaz Fatahzadeh, Vancouver
Dr. Jocelyn Pearce, Toronto
Dr. David Somer, Hamilton

COORDINATOR: Miss Linda Teteruck

1. Committee Meetings

The Committee has met once, on May 5 and 6, 1995 since the 1995 Interim Board Meeting.

ITEMS REQUIRING BOARD ACTION

2. Development of a New Dentists' Program

Following on a recommendation from the CDA Committee on Student Affairs, the Communications and Membership Committee fully supports the idea of researching the needs of new graduates and developing a program for them within the association. It is felt that primary responsibility for the development of this program should rest with the Communications and Membership Committee with strong liaison and representation by the Committee on Student Affairs.

RESOLVED:

95.59 **THAT an Ad Hoc Committee for New Dentists reporting to the Communications and Membership Committee be established; and**

THAT the Ad Hoc Committee be chaired by a member of the Communications and Membership Committee, and include the Chairman and Executive Liaison of the Committee on Student Affairs, and three recent graduates from the general membership.

ADOPTED

RESOLVED:

95.60 THAT the following Terms of Reference for the Ad Hoc Committee be approved:

- to conduct an outreach study with new graduates;
- to develop a program outline that can be assessed, actioned and budgeted from within the CDA planning process;
- to review the products and services available to new dentists, and increase awareness of their availability.

ADOPTED

Dr. Jocelyn Pearce has agreed to chair the ad hoc committee.

It will be the responsibility of the ad hoc committee to conduct an outreach study with new grads and develop a program outline that can be assessed, actioned and budgeted for within the regular planning process.

At the same time, it is necessary to review the products and services available to new graduates. This review will be undertaken by staff with greater emphasis on ensuring that new grads are aware of the availability of valuable programs at graduation and of CDA's various membership payment options, as a means of closing the sale. Two programs that received extensive discussion were the practice management lectures and binders by ExperDent and the grad insurance program from CDSPI. It was suggested that CDA and CDSPI management discuss changing the eligibility requirements for the free new grad insurance program to encompass new grad membership in CDA.

Included in the development of this program will be a full review of CDA's program and profile with students at the dental schools, a review and analysis of new grad membership and retention within the first five years after graduation, and a review of various payment options including a graduated membership fee.

3. Criteria for Evaluating CDA Member Benefits and Services

The Committee has established and approved a criteria against which it will evaluate membership programs and services that are brought forward either by staff or from outside sources. It is strongly felt by the committee that such a criteria is needed to bring order and uniformity to the process of deciding what programs and services CDA should become involved in. As a result, all future membership programs will be assessed against the following six questions:

1. How does the offering serve the CDA mission statement, goals and objectives?
2. Does the offering represent an exclusive CDA member benefit?
3. Does the offering represent a provable source of net non-dues revenue, and can CDA exercise ongoing quality control over the offerings, content and delivery through contract clauses prescribing penalty and cancellation provisions?
4. If the non-dues challenge is met, at what price differential, if at all, should the offering be made available to non-members?
5. If the non-dues net revenue challenge is not met, does the offering deliver CDA visibility and positive image promotion to dentistry and/or the Canadian public at an accepted deficit cost?
6. What is the opinion of CDA corporate members as expressed through Executive Council? What does organized dentistry want CDA to be providing?

It was the view of the committee, that each service and benefit may perform in a different manner against the criteria and the committee should not standardize the exercise to the degree that a particular response is required prior to CDA approval of a particular program or service. The purpose of the exercise is the allow the association to make membership services decisions in a rational way with a full understanding of both the benefits and drawbacks of the program being evaluated.

RESOLVED:

95.61 THAT the Criteria for Evaluating CDA Member Services and Programs offered to the profession be approved.

ADOPTED

4. Exclusivity of Member Benefits

Following on the discussions by the committee on a criteria against which current and future services and programs of the association should be measured, the committee again reiterated its strong support of the principle of exclusivity of membership benefits. It is recognized that there currently exists a resolution (Res. 93.10) passed by the CDA Board of Governors, dealing with this. As a means of further clarifying and defining this motion, the following motion was passed by the committee.

RESOLVED:

95.62 **THAT** since the CDA Communications and Membership Committee feels that all CDA member benefits as defined by CDA's member benefits outline should be available exclusively to CDA members; and

THAT membership recruitment and retention is a priority for CDA and must be the driving force for the member services program;

THAT the principle of exclusivity be re-affirmed and applied to all member benefits and services, whether offered electronically or in print, except where recommended by the Committee to Board of Governors.

ADOPTED

NOTE: **This principle is effective immediately, but is not applied retro-actively to programs and services currently available to non-members.**

It was noted by the committee, that certain current programs and services of the association, for cost reasons, contractual reasons or political reasons are offered to CDA non-members.

5. Issue Management/Media Relations/Dental Amalgam

The Committee is aware that the whole issue of the health and safety of dental amalgam is about to gain national media attention with the impending release of a Health Canada review on the health risks of using dental amalgam and notification that Germany plans to ban the use of dental amalgam in pregnant women on July 1, 1995. It is felt that these two events will greatly increase the public's concern on the use of amalgam and will draw attention to organized dentistry's and each individual practitioner's longstanding use and support of this material.

In anticipation of these events, it is the recommendation of the Communications and Membership Committee that the CDA adopt the attached amended position statement on the use of dental amalgam. It should be noted that the amended position statement does not essentially change the CDA core position on the use of amalgam but places it within a context that emphasizes the need to better educate patients on its use and alternative materials and on the need for informed consent. The Committee also felt that CDA needs to distinguish its

role in the use of dental amalgam and the federal government's role in deciding on the safety of this material. CDA should be careful not to claim ownership for the safety of this material, but only its use based on the government's assessment of its safety.

RESOLVED:

- 95.63** **THAT the word "suggests" in the CDA Position on Silver Dental Amalgam, contained in Appendix II, be replaced with the word "supports".**

ADOPTED

Executive Council approved this recommendation on behalf of the Board, and it was presented for Board ratification.

RESOLVED:

- 95.64** **THAT the Position Statement on Dental Amalgam, outlined in Appendix II, be approved as amended.**

ADOPTED

APPENDIX II

In preparation for the need for a media strategy on this issue, the attached strategy has been prepared. It calls for a special letter by the CDA President to all CDA members in early June prior to the release of the Health Canada report.

APPENDIX III

Executive Council, at its June meeting, approved the appended Approach for Communicating CDA's Role and Position regarding Dental Amalgam.

RESOLVED:

- 95.65** **THAT the CDA Policy on Official Spokespersons (outlined on page 8 of Appendix III) be approved; and,**

THAT Resolution 88.103 be rescinded.

ADOPTED

The Committee also advises that CDA review its guidelines on the safe handling of mercury (refer to the report of the Committee on Dental Materials and Devices) and any references to replacement of amalgam fillings from the Committee on Ethics (refer to the report of the Committee on Ethics).

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

6. CDA Membership Figures and 1995 Campaign

Results to date indicated that membership in Ontario is comparable to that of 1994 while membership in Quebec has increased significantly, in all likelihood as a result of better working relationships between CDA, the QDSA and the ODQ, especially during the recent tax campaign. In addition, the activities of both Dr. Barry Dolman and Dr. Louis Dubé on behalf of CDA are felt to have been beneficial to this success.

7. Membership Research

CDA has recently conducted research in the mandatory provinces whereby twenty-four dentists in one-on-one focus group discussions discussed their perceptions of CDA, its strengths and weaknesses. In general, there is a great deal of support for CDA in the mandatory provinces. CDA's greatest strength lies in the fact that it is a national association. One of CDA's primary roles should be in educating the public about the profession since participants felt that the profession itself needs updating in the minds of the public. They also felt that CDA should play a greater role with the insurance industry in ensuring that dental services continue to be covered. There was particular concern about the movement away from coverage of the six month recall. Interviewees were very aware of CDA's successful efforts concerning the proposed taxation of dental plan premiums, and of the products and services of CDSPI. They disliked the fact that membership in Ontario and Quebec is voluntary and felt that CDA elected officials should have a higher profile in their respective regions of the country.

There was general agreement by the committee on the usefulness of this type of research and the need to incorporate results into the annual membership campaign and ongoing association programming, and to co-ordinate research activities within CDA. Monies have been set aside annually for purposes of research and it was concluded that the next focus of CDA research would be new graduates.

Results of CDA's research in the mandatory provinces will be shared with corporate members once the report is finalized.

8. Practice Management Program and Products

The Committee is pleased to note that the current program for both students and practitioners is being well received. Evaluations from the lectures have been extremely positive. Two additional lectures will be added to the CDA roster for practitioners and staff on marketing and overhead reduction/cost containment. These will be in addition to the current lecture on "Surviving and Thriving in the '90s." The marketing lecture, called "Reaching Out", will be introduced in Vancouver in June in conjunction with the annual business meeting of the College of Dental Surgeons of B.C. The full lecture series will commence in October and run through until March 1996. A promotional brochure and accompanying cassette were included with the *Journal* in May and the lectures will continue to be promoted in the months to come.

CDA presented its practice management lecture to senior dental students at faculties across the country for the second year in a row and dates are currently being arranged for the 1995-96 academic year. It is worthwhile to note that a pilot lecture was provided to students at the University of Montreal in French by Drs. Gilles Dubé and Gérard Bouger on April 1st.

In addition, the sale of volumes one and two of the *Taking Care of Business* manual is brisk. Volume three on computers is expected to be introduced shortly. The translation of volumes one and two is almost complete and it is expected that they will be available for sale this fall.

CDA has been asked by the Canadian Medical Association for detailed information as a result of positive comments from the medical profession on our program.

9. CDA Products

The sale of CDA products continues to escalate primarily as a result of the development of items such as CDA's practice management manuals, office plaques and Dental Information System brochures, and more aggressive marketing of this service to our members. In 1994 sales totalled \$231,548 with expenses at \$161,975. Staff have undertaken an internal review to maximize the efficiency of this operation the results of which will be reported back to the committee at its next meeting.

10. New Grad Banking Package

APPENDIX IV

As part of CDA's efforts to develop programs and services for new grad members of the association, CDA has successfully completed negotiations on a banking package for new grads with the Bank of Nova Scotia. Highlights of the package are attached. It is expected that the package will be available for promotion to the 1995 graduating class shortly.

It was noted by the committee that Executive Council previously approved this package in order to have it available for the 1995 graduating class.

11. CDA Library Services

APPENDIX V

Demand for CDA's library services continue to increase. The library's current focus is in expanding its video collection and on planning its on-line communications services with users. A survey of library users and members is currently being evaluated to assess the interest by members on being able to access the library on-line. Preliminary results are extremely positive and indicate that hundreds of dentists wish to utilize electronic library services. As a result of the survey, detailed discussions are currently underway on how to bring the library onto CDAnet Plus, the types of on-line services that will be available and the cost and timing to accomplish this.

The committee also reiterated its position that the library should be an exclusive member service.

The librarian expressed concern for the duplication of services by some corporate members who are offering library services to dentists, either as a separate initiative, or by gathering information from the CDA library and distributing it to dentists. The committee agreed that library services are available to corporate members for the purposes of providing information for the internal function of the organization. Inquiries from dentists should be directed to the CDA library.

12. CDAnet and CDAnet PLUS

Work on the marketing and promotion of CDAnet and CDAnet PLUS continue in conjunction with the CDAnet Committee and the internal administrative committee established at CDA by staff to co-ordinate the project. Plans are being finalized to consolidate the administration of both CDAnet and CDAnet PLUS within the communications area. At the same time, the Committee is monitoring discussions at Management and Executive Council on the future direction of CDAnet Plus.

13. DAP

Given the success of CDA's public awareness campaign on the taxation of dental plans, feedback from the profession through focus group discussions on the importance of CDA playing a greater public awareness role, and the importance of reviewing CDA's activities and commitments in this area, the Committee strongly recommends to the Chairman of the Planning and Issues Coordinating Committee that it review CDA's commitment to DAP Programming and that greater emphasis be placed on public and media relations efforts in this area.

In parallel to these activities, CDA is involved with Colgate Palmolive in endorsing their Bright Smiles, Bright Future program for teachers of elementary school children. The materials will focus on a teaching guide, and materials and tools to educate elementary school children on the importance of good oral health care practices.

In addition, CDA has begun work with the Order of Dentists of Quebec and corporate members in launching a national dental awareness program in conjunction with McDonald's Restaurants in April 1996. CDA's main role will be to assist in acquiring corporate sponsorship, in media relations and in developing a national dental health message that is consistent from province to province.

14. Publications - Journal, Communiqué and Annual Review

Publications staff have recently completed a readership survey of CDA's three major publications. In general, CDA's publications fared well. *Journal* readers want to see more clinical and hands on articles with relevance to their day to day practice. The *Communiqué* is viewed as being a good membership benefit and its profile has certainly been enhanced with the publicity surrounding CDA's efforts on the taxation of dental benefits. The Annual Review is not well read, however, and staff are currently investigating reformatting this publication to avoid duplication of previously published information, while fulfilling the association's mandate to publish an annual report to its "shareholders".

Specific comments emanating from readers through the survey will result in some changes to the overall content of the publications once staff have an opportunity to assess the full report.

15. Publications Standards and Corporate Image

For quite some time, CDA has been concerned with the need to establish formal publications standards within which the CDA image can be presented in an appealing and consistent fashion throughout its many publications to all its various publics. Publications staff, under Mr. Terry Davis, have met with departments within CDA to review their individual needs, and

a formal document that staff can use is now being developed. In addition, greater centralization of major external publications is being co-ordinated through the publications area for all departments. Work also is in progress on updating CDA's logo and letterhead design. The CDA logo (maple leaf) and colours (red and grey) will not change but the positioning and typeface of the logo will be updated to bring a fresh look to CDA's corporate image.

16. Periodontal Screening and Recording Program (PSR)

CDA communications and membership staff have been meeting with CAP and Procter and Gamble to discuss the launch of PSR at the CDA August Convention and to the membership this fall. A full report on the program and its roll out will be addressed separately by the Chairman of the PSR Committee, Dr. Kevin Roach, to members of Executive Council and to the Board of Governors.

The Communications and Membership Committee supports the introduction and launch of a PSR program to Canadian dentists.

17. Conclusions

As always I am most appreciative of the hard work and efforts of all members of the Communications and Membership Committee, and CDA staff. Our May meeting set in motion policies and guidelines to assist the association in deciding the types of activities and services CDA should be offering its members. It also established a process upon which we can build to strengthen our relationship with new graduates and to deal with sensitive media relations issues in a clear, concise, and productive manner.

The Committee is optimistic about the potential that these initiatives can and will bring to the association and looks forward to operating within these new parameters in the months to come.

Respectfully submitted,

John Diggins, D.D.S.
Chairman, Communications and
Membership Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Communications and Membership Committee.

CRITERIA FOR EVALUATING CDA MEMBER BENEFITS AND SERVICES

Criteria against which CDA membership programs and services offered to the profession, that are brought forward either by staff or from outside sources will be evaluated. Such criteria is needed to bring order and uniformity to the decision process of what programs and services CDA should become involved in. As a result, all future membership programs will be assessed against the following six questions:

1. How does the offering serve the CDA mission statement, goals and objectives?
2. Does the offering represent an exclusive CDA member benefit?
3. Does the offering represent a provable source of net non-dues revenue, and can CDA exercise ongoing quality control over the offerings, content and delivery through contract clauses prescribing penalty and cancellation provisions?
4. If the non-dues challenge is met, at what price differential, if at all, should the offering be made available to non-members?
5. If the non-dues net revenue challenge is not met, does the offering deliver CDA visibility and positive image promotion to dentistry and/or the Canadian public at an accepted deficit cost?
6. What is the opinion of CDA corporate members as expressed through Executive Council? What does organized dentistry want CDA to be providing?

Approved by the
CDA Board of Governors
August, 1995

PROPOSED

Canadian Dental Association Statement on Dental Amalgam

Because of the importance of questions which are being raised on dental amalgam and since the federal government is responsible for the safety of medical devices and materials, CDA has encouraged the federal government to support definitive research in the dental amalgam area. As studies are completed, CDA will continue to monitor the position approved by the Board of Governors in 1986.

CDA POSITION ON SILVER DENTAL AMALGAM

Current research on the use of silver dental amalgam suggests that amalgam continues to demonstrate clear advantages in many applications over other restorative materials. Significant evidence of patient risk associated with its use has not been demonstrated. Most therapeutic materials involve potential side effects or risks as well as benefits and dentists are trained to be on their guard for these reactions at all times.

Although amalgam in fillings releases minute amounts of mercury vapour, current scientific studies have not verified that dental amalgam causes significant health problems. It is recognized that there are individuals who are specifically sensitive or allergic to the components of amalgam and amalgam may not be suitable for all patients and in all circumstances. CDA bases its position on the existing scientific consensus on which government approval is based, and from the range of relevant scientific literature as distinct from individual and sometimes conflicting studies.

Patient interest and informed consent are the backbone of the ethics of the dental profession. A common sense approach to the utilization of dental amalgam should be taken whereby patients discuss their specific circumstances with their dentist and choose the best restorative material appropriate to a particular application for a particular patient. Dentists want patients to be aware of conclusions from the range of scientific studies on dental amalgam so that the appropriate choice can be made.

Questions and answers, designed to assist in communication with patients, will be distributed with this statement

Q. Who is responsible for the safety of medical devices and materials?

A. In Canada, medical devices and materials require approval of the Health Protection Branch of Health Canada. For several years, the Canadian Dental Association has encouraged the federal government to fund increased research on dental amalgam. The dental profession recognizes an obligation to use approved devices and materials in the best interests of patients.

Q. Is dental amalgam approved for use in Canada and is it safe? Have recent studies proven that dental amalgam releases mercury vapour and that it should not be used?

A. Yes, dental amalgam is approved for use in Canada by Health Protection Branch. Scientific studies have not verified that dental amalgam causes any specific problems. It has been known for some time that amalgam in fillings releases minute amounts of mercury vapour, especially with chewing, and that mercury can reach body organs and cross the placenta. Scientific literature on the topic, as a whole, supports the position that amounts released are generally less than mercury picked up from natural sources.

Q. Is the mercury which is released from fillings absorbed into the body?

A. Yes, but in extremely small amounts, i.e. in MILLIONTHS of a gram (this is a very small amount, 0.000001 gram). Mercury found in the body can also be related to the number of biting surfaces of amalgam. The amounts in the body are in BILLIONTHS of a gram per gram of body tissue, (a billionth of a gram is an extremely small amount, 0.000000001 gram).

Some researchers claim to detect higher mercury in the blood of people with amalgams than in those without amalgams but other researchers could not detect mercury in the blood of patients even with new amalgam restorations.

Q. Can dental amalgam be safely used with every patient?

A. No, there are patients who are sensitive to the components of amalgam, just as there are individuals who are sensitive or allergic to other chemical substances or even foods such as milk or bread. It has been estimated that the prevalence of mercury sensitivity in the general population is approximately 3% (JADA, Vol. 122, Aug. 1991 pg. 54). In addition, dentists may consider the use of composite fillings or other restorative materials in individual cases. Dentists routinely take a number of considerations into account in selecting a restorative material, including tooth size, location and the individual's condition and dental history.

Q. Why does the dental profession support the continued use of amalgam when questions are being raised, even if dangers are unproven?

A. Every time a foreign substance is used in the human body for therapeutic purposes, there is an element of risk. Health professionals constantly must weigh the known risk of a particular intervention against known benefits. In the case of dental amalgam, evidence indicates that no dramatic risks are involved or they would more easily have been clearly observed during the 150 years the material has been in use. The risks appear limited, and the benefits to patients are large. Dental amalgam is much stronger and more durable than alternative restorative materials, and amalgam restorations can be completed at a reasonable cost. Recent advances, such as the development of amalgam bonding techniques, have made amalgam even more advantageous as a restorative material. Gold alloy inlay castings would be a reasonable substitute if the material and required procedures were not so costly. It is also possible that alternative materials, subjected to the same level of scrutiny as dental amalgam, will prove to have other advantages and disadvantages. The dental profession is aware of research to find more durable alternatives to amalgam, and these may possibly be available within the next decade.

Q. Should I have my amalgam fillings replaced?

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Q. Is the dental profession suppressing information on the dangers of amalgam?

A. No, the dental profession believes in informed patient consent and recognizes patient interest above any other considerations. Dental amalgam is still the restorative material of choice in most instances and because of its excellent qualities as a restorative material the risk/benefit ratio is in the patient's interest.

Use of composite, gold, or ceramic restorative materials would actually be in the interest of the dental profession as overall patient visits would be increased to the economic benefit of the profession.

Q. Where does all this leave me as a dental patient? What sort of attitude should I take to dental amalgam?

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Approved, CDA Executive Council

June 1995

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APPENDIX III

Communications Strategy contents:

approach (pages 1-5)

media strategy (pages 6 & 7)

***spokespersons policy (page 8)**

***position addendum (pages 9-12)**

president's mailing (page 9-17)

president's letter (page 16-17)

press release (page 18-19)

backgrounder (page 20)

media prep (page 21-24)

*** revised & approved by CDA Board of Governors**

August, 1995

Approach for Communicating CDA's Role and Position Regarding Dental Amalgam

May 1995

Approach for Communicating CDA's Role and Position Regarding Dental Amalgam, page 1

Issue: A pending Health Canada report may recommend restrictions on the number of mercury amalgam fillings an individual should receive. What is more, Germany will introduce further limitations on the use of amalgam, including banning its use on pregnant women, as of July 1st.

Objectives: In presenting this communications approach to the Executive Council meeting (June 9 & 10), the following objectives are intended:

1. To confirm that there is a need to clearly define in the minds of CDA publics the role of the Association in the amalgam issue, and to inform those publics how the Association is fulfilling its role.

CDA publics - corporate members
- individual members
- other levels or organized dentistry
- government
- the media
- the patient public

2. To seek endorsement of this communications approach and its public statement elements (see "action" on pages 3 and 4 of this report, and page 5 for summary).

3. To seek agreement, following discussion, on a recommended media strategy (pages 6 and 7).

4. To seek approval of official spokespersons on this issue and on all issues facing the Association (see page 8 for draft policy on CDA official spokespersons).

Climate: CDA comment has not been widely sought or given media prominence when this issue has arisen in the recent past. However, in the wake of the tax campaign, both the Canadian public at large and the Canadian media have increased awareness of the existence of CDA's socio-political voice. As a result, CDA could be pressed for comment.

CDA Role: *CDA Mission Statement*

The CDA is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada, dedicated to meeting member needs, and the promotion and provision of optimal oral health for Canadians.

It is essential to make clear to all publics that the CDA is not a federal government-sponsored regulatory body, nor is it an agency of any provincial government licensing body. CDA is an information source and an advisory body responsible to inform its members of current research and regulation guiding the utilization of dental amalgam.

Approach for Communicating CDA's Role and Position Regarding Dental Amalgam, page 2

Thus spelling out CDA's role places ownership for determining the safety of dental amalgam with Health Canada's Health Protection Branch. Currently, this product is approved by the Health Protection Branch for sale and use in Canada. This affirms that the federal government continues to judge mercury amalgam as a safe and efficacious restorative material.

Background: How the Association has fulfilled its role to date

The Association's most frequent and on-going advice to government has been to support further definitive research into dental amalgam.

CDA has an established process for continuous evaluation of research on dental amalgam and for providing dentists with up-to-date information which may be used in consultation with patients prior to treatment.

CDA's appropriate scientific committee, Dental Materials and Devices (DMD), regularly reviews developing research on amalgam utilization and shares its information and insights with responsible officials and scientists at Health Protection Branch. There is a Health Canada representative on the DMD committee, and the Association offered its resource and informal review assistance to Dr Richardson in writing his report.

It is noteworthy that the Chair of DMD, Dr Derek Jones, is also Chair of the Canadian Standards Association technical committee on dentistry, and a member of the International Standards Organization technical committee on dentistry.

CDA's Professional Services department provides staff support for the DMD committee and through this work, also provides up-to-date information on amalgam research to other departments within the Association. The CDA Communications Department works closely with Professional Services to ensure that CDA members (and non-members, when appropriate) receive all pertinent information. This is distributed both in scientific language, usually by way of the CDA Journal, and in layman's terms, formatted for further distribution by dentists to their patients. These patient discussion pieces are usually distributed by a special mailing with a covering letter from the current CDA president.

Thus, CDA functions both as a "resource" and as an informed "voice" in keeping with its mission statement.

In summary then, CDA's information and advisory role is in the form of:

- positions, statements, and guidelines to help dentists deal with the various aspects of the utilization of dental amalgam;
- correspondence to the membership offering direction on the utilization of amalgam;
- on-going coverage of the issue in the Association's publications, including the publication of scientific reviews in the Journal of the Canadian Dental Association; and
- the latest scientific literature available through the CDA library.

Approach for Communicating CDA's Role and Position Regarding Dental Amalgam, page 3

The Association also plays a secondary information and advisory role to the public through its member professionals and through the media.

Action: To date

1. October 1994 Correspondence to the Membership

The Association laid the ground work for this communications approach with correspondence to the membership in October 1994. Executive Council is being asked to endorse the use of elements from this correspondence, and similar correspondence sent to news media, in formulating a wrap-around addendum to CDA's current position on dental amalgam, approved by the Board of Governors in 1986. Pending Executive Council endorsement, the resulting public statement and Questions and Answers (pages 9 - 12) will be sent to the Board of Governors for information.

2. May 1995 Brian Henderson Article in JCDA

The Brian Henderson article in the May 1995 Journal (pages 13 - 15) prepares the profession for the release of the Health Canada report and leaves the reader with this recommendation, "an increased emphasis on informed consent is good advice for the dental profession to follow, whether the procedure involves dental amalgam or any other restorative material."

Proposed Actions

1. President's Letters

One should be sent as soon as possible (see draft, pages 16 and 17) notifying corporate and individual members of the Richardson report, CDA's role versus that of the government, and the action by the German government. It could include:

- a copy of the proposed public statement including Questions and Answers (pages 9-12), and
- a copy of the Brian Henderson Journal article (pages 13 - 15) that ends with a message on informed consent.

After the release of the Richardson report, another membership mailing could be sent including:

- notice of Executive Council's endorsement (if given) of the public statement with Questions and Answers, as well as
- information on informed consent being prepared by Mr Henderson (to be discussed with Executive Council under a separate heading).

2. Media Strategy

Executive Council is asked to consider the media strategy on pages 6 and 7.

3. Library Package

Compilation and promotion of a library package on the placement of amalgam alternatives, and increased coverage of such methods in the Association's publications.

Related Actions

1. Need for a review of CDA's Guidelines for Handling Mercury and Dental Amalgam, and the Statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations, and to cross reference these with proposed official public information on the utilization of amalgam.
2. Possible discussion of the issue at the upcoming third party conference in June.
3. Corporate member and licensing body review of CDA's developing position on informed consent, as well as the addendum to the Association's existing position on amalgam, and any communication with the membership.

Approach for Communicating CDA's Role and Position Regarding Dental Amalgam, page 5

Communications Approach - Summary

CDA Public	CDA Action	Time line
membership	letter with proposed	asap (end of
- corporate	addendum to position,	May or early
- individual	Henderson article &	June
	notice of library pkg.	
	on alternative filling	
	materials	
	letter with update on	after release of
	status of proposed	the Richardson
	addendum and info	report
	on informed consent	
	other correspondence	as required
	coverage in CDA publications	over the summer
other levels of	copied on all correspondence	in advance of its
organized dentistry	to the membership	release
government	copied on all correspondence	same time line as
	to the membership	above
media	news release & press kit	after release of
		Richardson report or
		in advance if
		considerable media
		attention is received
patient public	messages delivered through	as released above
	the membership & the media	

Media Strategy

Executive Council is asked to approve:

1. That the Association issue a statement complete with press kit

- after the Richardson report is made public, or
- if prior to its release we begin, for some reason, to receive a good deal of media attention.

The following materials are currently being prepared, and are intended for use in a press kit:

1. A news release (see draft, pages 18 and 19) on the association's stand on this issue. It is recommended that all media contact include reference to,

"CDA's concern with preventing public panic based on sensationalistic reporting by any sector of the media. CDA encourages its members to continue to serve as agents of information and common sense and to intensify and broaden communication with patients on this issue."

This can be incorporated into a press release in the form of a quote from the president. It can also be incorporated into any correspondence with the membership from the president.

2. Background on the role of the Association and what it has done to date to fulfil this role. (see draft page 20)

3. The statement with Questions and Answers pending Executive Council endorsement (pages 9 - 12), a copy of the Henderson article (pages 13 - 15), and a copy of the president's letter (draft, pages 16 and 17).

2. That selected CDA senior elected officials act as spokespersons on this issue

Scientists, specifically the Chair of DMD, have in the past generally served as spokespersons on this issue, especially when technical comment was necessary. It is recognized that the media has access to these individuals for comment, and that any number of CDA members may be asked for their individual opinions of the issue. However, CDA's senior elected officials will be best placed and therefore the only persons authorized by Executive and the Board to comment officially on behalf of the Association. A draft policy on CDA official spokespersons is attached for Executive Council's consideration (page 8).

Approach for Communicating CDA's Role and Position Regarding Dental Amalgam, page 7

3. That spokespersons receive preparation

Preparation would include a review of CDA positioning on this issue, along with media questions and answers (pages 21 - 24). This could be done:

- by the spokespeople reviewing the material themselves, or
- with the help of a coach, such as:
 - Mr Bill Grogan, CDA consultant or
 - Mr Barry McLoughlin, media trainer.

Approach and Media Strategy

Approved by CDA Executive Council

June, 1995

CDA Policy on Official Spokespersons

CDA has generally been well served in the past by its scientific spokespeople, especially when technical comment was necessary. While scientists, including committee members and chairs, are often the most competent to discuss the technicalities of an issue, CDA's senior elected officials are in a better position to comment in layman's language. Though they may not be specialists on a particular topic, they will have a general grasp of the science, and full knowledge of any political implications of their remarks. In the wake of the taxation campaign, CDA is now much more of a public information entity and should shape its comments with this in mind.

In addition, in advance of delivering any comments, they can confer with the chairman or member of the appropriate scientific committee.

With this, Executive Council is asked to formally approve that, in future, CDA's senior elected officials (President, President-Elect, Vice President, and Members of Executive Council, in that order) act as official spokespersons on all issues affecting dentistry.

It is recognized that in some instances, media requirements may dictate that a spokesperson be available in a particular location. In such cases, the most senior elected official in the location will be asked to comment. If there is no senior elected official in a particular location, the interview may have to be deferred to the appropriate Committee Chairman, Committee Member, or another CDA representative familiar with the issue.

Further, it is also recognized that spokespeople may choose to defer an interview opportunity to someone more familiar with the technicalities of a particular issue.

Approved by
CDA Board of Governors
August, 1995

CDA Board of Governors Resolution 88.103 rescinded by Resolution 95.64.

THAT the Canadian Dental Association strive to appoint a single spokesperson to address controversial issues, such as mercury in dental amalgam, and that this individual be responsible for keeping the Committee on Dental Materials and Devices informed on new developments on such issues and for addressing enquiries from the media.

DIRECTION: The Board of Governors recommends that a wider list of available spokespersons be prepared on this topic.

Canadian Dental Association Statement on Dental Amalgam

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SPECIALTY FEATURE



Dental Amalgam: Scientific Consensus and CDA Policy

Brian Henderson, BA, M.Ed.

It is an undisputed fact that a number of researchers have demonstrated that the mercury vapor released from dental amalgam by chewing may contribute to the mercury burden of the human body. Despite this finding, the use of dental amalgam continues to be supported by the dental profession worldwide, and it remains the restorative material of choice in many dental applications.

The purpose of this paper is to review, in lay person's terms, the development of the Canadian Dental Association's policy statements on dental amalgam against the background of continuing scientific studies. (The *Journal* published a review of the major scientific studies on amalgam in February 1993: Jones, D.W. The Enigma Of Amalgam in Dentistry. *J Can Dent Assoc* 59(2):155-166, 1993.)

In Canada, the primary responsibility for ensuring the safety of medical devices and materials, including dental amalgam, rests with the federal government. This role has been mandated to the Health Protection Branch of Health Canada, which is also responsible for regulating the marketing and sale of medical devices and materials.

Since health and education are both identified by the constitution as being provincial responsibilities, in actual fact the authority and responsibility for sanctioning specific procedures rests with the provincial dental licensing bodies. Provincial licensing authorities

often rely on their national associations for guidance, however. And national professional associations, such as CDA, rely on the validity of federal regulatory and approval processes as a basis for formulating their related policies.

In these circumstances, national professional associations carry a heavy responsibility. They need to be assured that the regulatory process of the federal government is based on sound information and research, and that their own association policies both respect the regulatory process and are consistent with the current scientific consensus. CDA has attempted to meet this responsibility fully in establishing its policies and positions related to dental amalgam.

Dental amalgam is approved by the Health Protection Branch for sale and use in Canada. While this indicates that the federal government continues to view dental amalgam as a safe and efficacious restorative material, CDA does not base its policies and guidelines solely on federal approval. Through its committee on dental materials and devices, the association also monitors scientific studies on topics such as dental amalgam.

In fact, the committee became aware, more than 10 years ago, that new measuring devices were capable of detecting the most minute amounts of mercury vapor. Using these devices, researchers ultimately determined that chewing causes the release of mercury va-

por from dental amalgam restorations. The committee reviewed various studies demonstrating this action, but was unable to locate any studies suggesting that the release of mercury vapor posed any health hazards to dental patients.

Subsequent studies appeared to confirm body uptake of the mercury released from dental amalgam, but once again did not confirm any harmful effects. The committee was keenly aware that the human body's mercury burden is derived from a number of sources, that various forms of mercury are involved in this process, and that the amount of mercury that could realistically be taken up from amalgam was less than the amount that could potentially be taken up from natural sources. The committee's review is reflected in the CDA policy position of 1986, which states:

"Current research on the use of silver dental amalgam suggests that amalgam continues to demonstrate clear advantages in many applications over other restorative materials. Significant evidence of patient risk associated with its use has not been demonstrated. Most therapeutic materials involve potential side effects or risks as well as benefits, and dentists are trained to be on their guard for these reactions at all times."

Since 1986, even in the face of intense media pressure, the committee has advised CDA to maintain its position on dental amal-



gam. In effect, based on its ongoing review of the literature, the committee is still of the opinion that there is no scientific basis for CDA to modify its current amalgam policy.

The ultimate authority for setting CDA policy on dental amalgam lies with the association's board of governors. To fulfil this role effectively, the board relies on the ability of the committee on dental materials and devices to monitor and review the scientific literature on the subject of dental amalgam. The committee, in turn, keeps the board informed of the latest developments and identifies areas of concern. This requires the committee to be fully aware of the scientific consensus on dental amalgam safety at any given time. It's an unenviable task, at best.

The scientific consensus on any issue is derived from the weight of scientific evidence supporting a particular hypothesis. There is considerable difference between the findings of one or two studies, and their replication by several different researchers employing the same and other methodologies. But it is common, rather than uncommon, to find some studies supporting a particular hypothesis, and some studies suggesting its rejection. Over time, however, conclusions tend to be confirmed by multiple studies with the same findings. The dilemma is well illustrated in the following quote from the *British Dental Association Journal*:

"The word science comes from the Latin *sciens*, which means knowing (not knowledge) and thus should be considered a process rather than a product. Scientific method relies on three aspects being present in this process, observation (gathering data), formulating hypotheses (making informed guesses about the data) and testing them, then developing theory (the explanation of similar sets of observation and events) . . .

"The current hypothesis is that mercury in dental amalgam is not a cause of any systemic disease or illness when used as dental restorations, apart from the very few cases of direct sensitivity. No evidence exists which requires us to reject this hypothesis, so the view

remains consistent worldwide in the scientific community."

Scientific consensus is not readily reported by the media. Both print and television news producers are tremendously fond of sensational stories that build audiences, because audience size is important to advertising revenue. Consequently, the media's treatment of issues such as dental amalgam safety may not be fair, objective or comprehensive. The story *60 Minutes* broadcast on dental amalgam in the United States in December 1990, and the recent BBC *Panorama* broadcast of "Poison in the Mouth" in Great Britain (see *Communiqué*, Jan.-Feb.:10-11, 1995), are excellent examples of the trend toward bombastic reporting.

Unfortunately, the scientific community has also played a role in the dissemination of one-sided and incomplete information in recent years. It is becoming more common for researchers, hungry for recognition and grant money, to release their results to the popular media prior to their publication in professional journals. CDA, provincial dental associations and the licensing authorities have worked hard, using communications vehicles such as the CDA President's Letter, to respond effectively to such events.

Ironically, the media's coverage of the dental amalgam issue has occasionally inferred (as in the case with the BBC *Panorama* program) that dentistry has a self-interest in defending dental amalgam "in the face of proven dangers." This inference of self-interest is even evident in a letter from the Ontario Minister of Health, Ruth Grier, to the Royal College of Dentists of Ontario. The minister, referring to a *Saturday Night* magazine article written by Morris Wolfe,² stated:

"The article goes so far as to suggest the possibility that the profession is avoiding the reality of the issue because of concerns about insurance and liability. If these suggestions are even partially true, then any dentist involved would clearly be putting their self-interests before the public-interest. I am sure you agree that this would be totally unacceptable."

In fact, the profession has made it clear, with some reservations, that a ban on dental amalgam would actually be in dentistry's economic interest. If a ban went into effect, in all likelihood dentists would be inundated with patients seeking to have their amalgam restorations removed.

Throughout the controversy, CDA's concern has been to ensure that dental amalgam continues to be available as a cost-effective dental material unless there are solid and substantiated reasons why it should not be used.

Most dentists still prefer amalgam for Class II restorations because it is strong, durable, and easy to use. Gold, porcelain and ceramic are sometimes used as alternative restorative materials. In addition, resin-based composite materials have been available for about 40 years. While resin-composites are used more frequently than other amalgam substitutes, product changes, introductions and withdrawals have made it difficult for the majority of dentists to feel comfortable using these technique-sensitive materials. Composites have been improving, however. With dental amalgam receiving more and more adverse publicity, and increased consumer interest in the cosmetic characteristics of other materials, composites are being used more frequently in Class II restorations.

CDA, on the advice of the committee on dental materials and devices, has pressed the federal government to fund further research that might contribute to more definitive conclusions about dental amalgam safety. To date no action has been taken. Instead, the federal government (possibly inspired by a critical letter from Ms. Grier to her counterpart in Ottawa, Health Minister Diane Marleau) has employed a researcher to put together a review of existing studies and data on dental amalgam.

It appears that the researcher is attempting to define the average mercury "body burden." Body burden would include the body's uptake of mercury from all sources, and questions on the minute contribution of dental amalgam in this regard would not be critical. The body burden figures could be compared



Canadian Dental Association

Current research on the use of silver dental amalgam suggests that amalgam continues to demonstrate clear advantages in many applications over other restorative materials. Significant evidence of patient risk associated with its use has not been demonstrated. Most therapeutic materials involve potential side effects or risks as well as benefits and dentists are trained to be on their guard for these reactions at all times.

American Dental Association

Based on the research and epidemiological evidence available to date, the ADA continues to support dental amalgam as a safe and effective restorative material and sees no cause for public concern about either existing or future amalgam restorations.

Fédération Dentaire Internationale

Dental amalgam is the most frequently used material for restoring decayed teeth. Its main advantages include wide indications for use, ease of handling and excellent physical properties. It has been used in dentistry with good results for more than a century. The quality of dental amalgam has been improved during the last 20 years. Amalgam restorations are safe and cost-effective, but they are not tooth colored.

Fig. 1: Policy statements for the use of amalgam in dentistry.

with a threshold at which there are known harmful effects, and there might be an attempt to justify restrictions on amalgam use as contributing to an overall burden approaching such a threshold. CDA's committee on dental materials and devices awaits release of the federal government's review study with interest. It is hard to regard a review of this type, however, as equivalent to the specific in-depth research that CDA has requested the federal government to fund. Such in-depth research would certainly assist the development of truly credible policy at the federal level.

There is no doubt concerning the need for in-depth research. Scientists have known for some time that mercury crosses the placenta, and in recent years studies have been raising questions about the use of amalgam in women of childbearing age. For example, a recent European study³ demonstrated a correlation between the number of maternal amalgam restorations and the level of mercury found in newborns.

CDA's committee on dental materials and devices is continuing to monitor the scientific literature, and still views dental amalgam to be a safe, efficacious restorative material. However, some dentists feel that CDA's amalgam policy should reflect the fact that such questions are being raised, even if the dangers are unproven. Dr. Bryun Sigfstead's recent President's Letter on dental amalgam responded to this concern by stressing the importance of obtaining informed patient consent prior to placing amalgam restorations. This letter was sent to all CDA

members October 31, 1994, along with a package of resource materials on amalgam.

In short, CDA's policies, positions, and resources reflect dentistry's continuing support for the use of dental amalgam as a restorative material. At the same time, however, CDA is emphasizing the importance of informed patient consent. Our policies are closely comparable with those of the American Dental Association, other national dental associations and the Fédération Dentaire Internationale (Fig. 1).

The use of dental amalgam is also being studied in terms of environmental concerns. For example, some people are beginning to question the impact that mercury-contaminated waste water, released from a dental practice, could have on the environment. Dental manufacturers have assured the committee that the modern O-ring design used in today's equipment traps waste amalgam, even without the addition of an amalgam separator. However, the extent to which soluble mercury may escape is still unknown, despite ongoing studies.

Given the questions that continue to be raised about dental amalgam and the environment, a safe, efficacious, mercury-free amalgam would be readily accepted by the profession. At least one company is believed to have this type of material under development, and it could be on the market in as little as two or three years. The other alternative may be an increased use of composites, which offer cost effective and durable restorations in many applications. New composite products are continuously being offered:

The question is, are there really any dental materials — subjected to the same scientific scrutiny as dental amalgam — which can be proven to be entirely inert? In the case of composites, for example, it is interesting to speculate what researchers might find if they were to look for the release of formalin. The simple fact is that any therapeutic intervention in the human body, employing any material, is invasive and unnatural, and carries some degree of risk. The real problem faced by our contemporary society is the need to recognize this fact, and the degrees of risk, practicality, availability and cost-effectiveness of the range of available options. Such a systematic and comprehensive review of the available options is not being provided, either by government or independent researchers. In this context, an increased emphasis on informed consent is good advice for the dental profession to follow, whether the procedure involves dental amalgam or any other restorative material. ■

Brian Henderson is CDA's director of education, accreditation and professional services, and is the senior staff representative to the committee on dental materials and devices.

References

1. Eley, B.M. and Cox, S.W. The Release, Absorption and Possible Health Effects of Mercury From Dental Amalgam: A Review of Recent Findings. *Br Dent J* November 1993, pp. 353-362.
2. Wolfe, M. Dental Flaws. *Sat Night* November, 1993.
3. Drasch, G., Schupp, I., Holf H. et al. Mercury Burden of Human Fetal and Infant Tissues. *Euro J Pediatrics*, Spring 1994, pp. 607-610.

June 5, 1995

Dear Colleague,

The Canadian Dental Association has learned that more questions may soon be raised by the news media about the safety of dental amalgam. This may come in the wake of release of news, confirmed by the German Dental Association, that Germany is placing further limitations on the use of amalgam, including banning its use for pregnant women as of **July 1, 1995**. Closer to home, amalgam safety may again be questioned following the release of a Health Canada report scheduled to be made public in **late June or sometime in July**.

As you know, the CDA is not a body which judges public safety issues. This is the role of the federal government, specifically Health Canada. The department's Health Protection Branch is responsible for judging the safety of dental amalgam. Currently, this product is approved by the Health Protection Branch for unrestricted sale and use in Canada.

While CDA does not rule on the safety of dental materials, it does advise members on their use. The CDA's Committee on Dental Materials and Devices has continued to monitor the literature, and the Committee's advice has been the backbone of CDA's position on the utilization of dental amalgam. The Association has advised and informed members, and will continue to so, through such positions, statements, and guidelines that help dentists deal with the various aspects of the utilization of dental amalgam, correspondence to the membership offering direction on the utilization of amalgam, on-going coverage of the issue in the Association's publications, including the publication of scientific reviews in the *Journal of the Canadian Dental Association*, and the latest scientific literature available through the CDA library.

Through its on-going contact with Health Protection Branch, CDA's most repeated and consistent advice to government has been to support further definitive research into dental amalgam. This advice has not been heeded. Instead, Health Canada has only recently launched a review of the literature. The researcher reviewing this issue is attempting to establish a recommended total daily intake for mercury. With this, his report may recommend placing a limitation on the number of amalgam fillings an individual should receive.

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To help members deal with these latest developments in the amalgam issue, CDA Executive Council is being asked to endorse a public communications approach, which will include a wrap-around addendum to CDA's current position on dental amalgam which was approved by the Board of Governors in 1986. Pending Executive Council endorsement, the resulting public statement and Questions and Answers will be sent to Governors for information. A copy of the information package is attached for your use in responding to patient concerns. This material is an updated version of the package sent to you in October of last year, and similar material distributed to news media at that time.

Further information assistance is contained in an article by CDA's Director of Professional Services, Brian Henderson, in the May 1995 CDA Journal (copy attached). It leaves the reader with a very worthy recommendation, specifically, *"an increased emphasis on informed consent is good advice for the dental profession to follow, whether the procedure involves dental amalgam or any other restorative material."*

I expect to be able to provide you with more information on informed consent in the coming weeks and months. In the meantime, the CDA library has a package of articles on this topic, as well as a package on placing amalgam alternatives. You can reach the library by calling CDA at 1-800-267-6354.

You are encouraged to continue to serve as agents of information and common sense, and to intensify and broaden communication with patients on this issue. As dental professionals, we must strive to prevent public panic based on sensational reporting by any sector of the media.

Sincerely yours,

Bryun Sigfstead, DDS
President

June 1995

For Immediate Release

**Canadian Dental Association Advises
on the Use of Dental Amalgam**

Recently, a Health Canada report on the safety of dental amalgam was released. The report, which recommends limiting the number of amalgam fillings an individual should receive, has raised a great deal of patient concern about the filling material.

In a letter to the membership, Canadian Dental Association (CDA) president Dr. Bryn Sigfstead encouraged dentists to continue to serve as agents of information and common sense, and to intensify and broaden communication with patients on this issue. "As dental professionals," said Dr. Sigfstead, "we must strive to prevent public panic based on sensationalistic reporting by any sector of the media."

The Canadian Dental Association, whose role is to advise and inform its members on the use of filling materials, has recommended that dentists fully inform and counsel patients before placing any restorative material. Informed consent involves discussing with patients amalgam and its alternatives, including any concerns raised in the scientific literature; the retention, durability and strength of the various materials; and the cost of each.

Patients seeking removal of their amalgam fillings and replacement with an alternative material should be advised that every time a foreign substance is used in the human body for therapeutic purposes, there is an element of risk. Patients should also be informed that when dental amalgam is removed, the process releases mercury vapour so that overall exposure can be increased.

more

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According to the CDA's Ethics Committee, dentists can replace amalgam fillings on request after the issue is thoroughly discussed and patient consent is granted, or on medical advice based on a health problem attributable to dental amalgam. It is unethical for dentists to seek to profit financially by taking advantage of the ongoing review of the safety of dental amalgam.

The CDA has continued to urge government, responsible for the safety of filling materials, to support definitive research on dental amalgam, rather than just another literature review. With the release of the Health Canada report, the CDA feels government should now concentrate its efforts on working with the dental community to find an alternative that will offer the strength, durability and affordability of amalgam.

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contact: Lisa Burke
613-523-1770

BACKGROUND

Canadian Dental Association (CDA) Mission Statement

The CDA is the authoritative national voice, resource, and focus of unity for the profession of dentistry in Canada, dedicated to meeting member needs, and the promotion and provision of optimal oral health for Canadians.

The CDA has a system of committees and councils responsible for monitoring and evaluating the latest developments in their respective areas of expertise, and formulating positions and guidelines on issues of professional concern.

The CDA Committee on Dental Materials and Devices is one such scientific review group. It is responsible for informing and advising the Association on the utilization of restorative materials judged to be safe by Health Canada's Health Protection Branch. Similarly, the CDA Ethics Committee is entrusted with counselling the Association on any ethical considerations involved in the use of a restorative material, such as those that exist with dental amalgam.

Following Association approval, position statements proposed through the on-going committee review system, along with any information that led to their development, are communicated to the membership and the dental profession. This is done by way of direct correspondence and/or through coverage in the Association's publications, including the publication of scientific articles in the *Journal of the Canadian Dental Association*, and the publication of news items in the *CDA Communiqué*. Members can also access the latest scientific literature on any dental topic through the CDA library.

In its on-going communication with Health Protection Branch, the CDA has encouraged the regulatory body to support further definitive research into dental amalgam.

Dental Amalgam Media Prep

Points to Remember:

message driven not question driven

- The CDA is not a regulatory body.
- The CDA is not responsible for the safety of dental materials, this is the responsibility of Health Canada.
- The CDA's role is to inform and advise members on the use of dental materials, including amalgam.
- Dentists have a responsibility to use government approved materials in the best interests of patients.

analogies

- Every day we hear stories reporting that something in our lives has been found to be harmful, whether it be red meat, dairy products, or coffee. With everything, there is a risk and the risk may vary with amount of exposure.

quotable quotes

- Dentists have an obligation to use government approved devices and materials in the best interests of patients.
- Dentists should continue to serve as agents of information and common sense.
- Dentists should broaden communication with patients on this issue.
- Dentists should strive to prevent public panic based on sensational reporting by the media.

Possible Questions and Answers

1. What is CDA position on the Health Canada report?

The CDA is not a regulatory body. It is not in a position to judge the safety of dental materials. This is the responsibility of Health Canada. The CDA can only inform and advise its members on the use of amalgam, and our position is that dentists have an obligation to use approved devices and materials in the best interests of patients.

2. Should I have my amalgam fillings replaced?

Not necessarily. If you have a health problem that your physician attributes to your amalgam fillings and advises you to have them replaced - well you should take that advice. If no health problem is confirmed, but you would rather not have amalgam fillings - that is your choice. You should first be informed, however, that removing amalgam may result in an increased exposure to mercury, and that every time a foreign substance is used in the human body, there are risks. You should also be informed of the strength, durability and costs of amalgam alternatives. If, after this, you still want to have your fillings replaced with another dental material, that is your choice.

3. What if my dentist suggests replacing my amalgam fillings?

Your dentist wants you to be aware of the broad range of scientific opinion on dental amalgam and amalgam alternatives, but replacement must be your decision. In fact, it is unethical for dentists to seek to profit financially from the questions being raised about the safety of amalgam.

4. Who is going to pay for the removal of amalgam fillings?

Because it is your decision to replace your amalgam fillings, you are responsible for the costs involved. If you have dental insurance, some or all of the cost may be covered.

5. Shouldn't the dental profession pay for the removal of amalgam fillings since it has said they were safe all along?

The dental profession is not in a position to judge the safety of dental materials. This is the responsibility of Health Canada. The dental profession has a responsibility to use approved materials and devices in the best interests of patients, and amalgam (was or) remains an approved material. Because it is an individual decision to remove amalgam fillings, an individual is responsible for the costs.

6. Isn't true that dentists like amalgam because it is quick and easy to place, thereby allowing them to process more patients?

Dentists like amalgam because patients like amalgam. It is a strong, durable and an affordable filling material.

7. Why did it take so long for the dental profession to come around and admit that amalgam is not safe?

First of all, the dental profession is not in a position to judge the safety of dental materials. This is the responsibility of Health Canada, (and they have not said that amalgam is totally unsafe. Their report has said that too many amalgam fillings elevate the amount of mercury in a person's system, to the point where the total amount is approaching the threshold at which there are known harmful effects.) The dental profession has a responsibility to use approved materials and devices in the best interests of patients, and for the past 150 years, in the case of dental amalgam, this is what we have done, and we will continue to do so within the Health Canada recommendations.

8. Would you fill your children's teeth with amalgam?

I have an obligation to use approved materials, so while amalgam may be strong, durable and affordable, if Health Canada, the regulatory body responsible for the safety of dental amalgam, says I can't use it, or that I should limit its use - then I am obliged to do so.

... but what if its use were not limited by Health Canada, would you fill your kid's teeth with amalgam?

Every dentist in Canada may have a slightly different personal feeling about this and would want to make a judgement on an individual basis.

9. What about amalgam alternatives - are they safe?

Amalgam alternatives have not been around for as long as amalgam, and they have not been scrutinized to the same degree, so there is more research needed to determine the safety risks associated with their use. The CDA has urged Health Canada, in the wake of the release of their report on amalgam safety, to work with the dental profession to support the development of viable amalgam alternatives.

10. What about the environmental consequences of the amalgam left over after fillings are replaced?

Dentists are advised to not put amalgam scrap into the drain or sewer unless the system is equipped with an adequate separating device. Further, dentists operate under federal, provincial and municipal environmental regulations established to protect the environment.

11. What do you have to say to people who claim they are being poisoned by the mercury in their teeth?

Dentistry recognizes that some people are sensitive to amalgam, just like some people are sensitive to certain foods. If medical advice indicates, these people should ask their dentist about having their amalgam fillings replaced.

12. Is the CDA prepared to face litigation because of its support of amalgam over the years?

The CDA is not a regulatory body. Health Canada is responsible for determining the safety of dental materials. The CDA has only advised members on the use of this filling material, which (up til now), has been judged to be completely safe.

SCOTIA GRADUATE BANKING PACKAGE FOR CDA GRAD BINDER

The following forms an Exclusive Arrangement available only to graduating members of the Canadian Dental Association (CDA) to be presented as its own separate section within the Grad Binder. It is understood that the banking package will be offered exclusively to graduating dentists who become members of the CDA and that it will be the only "full" banking package offered by the CDA as part of the Grad Binder.

The objective is to offer a fully competitive banking package to dental graduates who become CDA members. It is recognized that the parameters of this package must reflect a responsible approach to the management of financial affairs, so that the graduate does not "get in over their head".

Scotia Dental Graduate Banking Package highlights:

- The account comes with a \$5M overdraft limit priced with an interest rate of prime. Premium money market interest rates will be paid on credit balances over \$5M;
- Preferred term loan rates with flexible repayment terms to consolidate student loans and other personal needs to a maximum of \$30M. This will include flexibility, at the Bank's discretion, to accommodate fluctuations in the graduates' income;
- Personal Banking Bonuses:
 - 1/4% interest rate reduction on mortgage term rates (pre-approval option available at no additional cost),
 - 1/2% interest rate reduction on all consumer loans (pre-approval option available at no additional cost),
 - First standard cheque order is free,
 - up to \$100 in cash bonuses for transferring a personal savings account from a competitor,
 - first year free rental of a standard sized Safety Deposit Box;
- VisaGold Card with a \$5M limit with the first year annual fee of \$95 waived.

These services are available at a fee of \$15/month over a two year period from the time the account is opened. The \$15/month fee will be waived for the first six months. The CDA member is able to renew this arrangement for a further two year period thereafter upon proof of associate employment and CDA membership.

Conditions

- Proof of employment as a dental associate & CDA member
- Satisfactory personal credit bureau report
- Demonstrates the ability to service the proposed debt
- Proof of appropriate disability and life insurance
- Security as determined appropriate by the Bank.

Upon deciding to become an independent practitioner, the dentist will qualify for the Banks' existing Scotia Professional Plan (SPP) program and take advantage of additional benefits the SPP program has to offer.



MEMORANDUM

June 5, 1995

TO: Linda Teteruck, Director of Communications
For Executive Council's Information

FROM: Martha Vaughan, Librarian

SUBJECT: Library Automation Survey - Preliminary analysis

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

The library automation survey results are attached. Of the 3,000 dentists surveyed, 885 responded. The survey questionnaire contained 21 questions and one space for overall commentary about the library.

Of the 885 responses, 687 dentists (77%) would like to receive information from the library in an electronic format. Utilization of electronic mail services was also very positive - 79% of respondents would like to use this method to communicate with the library.

As well, 77% of surveyed dentists are interested in an on-line current awareness bulletin board, set up by the library. This bulletin board service would contain information of library packages, recent acquisitions to the library collection, a list of videos, potentially journal abstracts and information downloaded from the Internet.

Other highlights include:

- 71% have an office computer; and 55% have a modem on this computer
- 72% have home computers and 46% have modems on their home computers
- 15% currently search the Internet
- 74% are interested in using the Internet
- 4% would like to use their computers to communicate with CDA generally, ie: correspondence, order-entry etc...
- **87% of dentists who responded to using the library are very satisfied with our services!!**

These survey results clearly indicate a growing interest in using on-line information services. I believe the library is in a position to aggressively pursue the creation of a bulletin board service, with e-mail options. The survey has also been a good advertising vehicle for the library services - 29% of those surveyed had never used the library and since this mailing, we have had a number of new library users who had not previously considered using our services. I believe that we have created some momentum and this is a good time to capitalize on the interest the survey has generated.

Library Automation Survey Results

Question	YES	NO	NOANS	TOTAL
Q1. Have you ever used the CDA Library % Of Total Population	615 69.49153	262 29.60452	8 0.903955	885 100
Q21. Are you satisfied with the CDA Library Services % Of Total Population	591 66.77966	14 1.581921	280 31.63842	885 100
Q21 Those who said YES to using the CDA Library % and are satisfied using the CDA Library	538 87.47967	5 0.813008	72 11.70732	615 100
Q21 Those who said NO to using the CDA Library % and are satisfied using the CDA Library	50 19.08397	8 3.053435	204 77.8626	262 100
Q2. Would you like to recieve inf. from the Library in an Electronic Format : % of Total Population	687 77.62712	151 17.06215	47 5.310734	885 100
Q3. Would you like to request inf. via E-Mail % of Total Population	701 79.20904	141 15.9322	43 4.858757	885 100
Q4. Are you int. in doing your own electronic searches % of Total Population	584 65.9887	231 26.10169	70 7.909605	885 100
Q5. Interested in current dental awarness service on-line :% of Total Population	683 77.17514	134 15.14124	68 7.683616	885 100
Q6. Are there any other services you would like the to see the Lib. offer Elec. :% of Total Population	158 17.85311	313 35.36723	414 46.77966	885 100
Q7. Communicate with CDA generally... Electronically ? % of Total Population	479 54.12429	267 30.16949	139 15.70621	885 100
Q8. Do you have an Office Computer ? % of Total Population	637 71.9774	231 26.10169	17 1.920904	885 100
Q9. If no are you planning to purchse one? % of Total Population	137 15.48023	120 13.55932	628 70.96045	885 100
Q9. Of those who ANS NO to having an Office Comp. are planning to purchase one	112 48.48485	100 43.29004	19 8.225108	231 100
Q12. Do you have a modem for you Office Computer	495 55.9322	287 32.42938	103 11.63842	885 100
Q12. Of those who ANS YES to having an Office Comp. have a mode on their office computer	489 76.76609	134 21.03611	14 2.197802	637 100

Library Automation Survey Results

Question	YES	NO	NOANS	TOTAL
Q10. Do you have a home computer	640	227	18	885
	72.31638	25.64972	2.033898	100
Q11. If NO are you planning on purchasing one?	112	127	646	885
	12.65537	14.35028	72.99435	100
Q11. Of those who ANS NO to having a home comp. are planning to purchase one	102	96	29	227
	44.93392	42.29075	12.77533	100
Q13. Do you have a modem on your home computer	408	369	108	885
	46.10169	41.69492	12.20339	100
Q13. Of those who ANS YES to having a home comp. have a modem on the home computer	400	220	20	640
	62.5	34.375	3.125	100
Q16 Do you currently subscribe to an E-Mail service	133	470	282	885
	15.02825	53.10734	31.86441	100
Q16. Of those who ANS (YES to having a home comp AND a modem at home) OR (ANS YES to having an Office computerAND a modem at the Office)	123	442	27	592
	20.77703	74.66216	4.560811	100
(YES to Q10 AND YES to Q13) OR (YES to Q8 AND YES to Q12)				
Q17. Do you currently use the Internet?	138	464	283	885
	15.59322	52.42938	31.9774	100
Q17. Of those who ANS (YES to having a home comp AND a modem at home) OR (ANS YES to having an Office computerAND a modem at the Office)	132	430	30	592
	22.2973	72.63514	5.067568	100
Q19. Are you interested in the Internet	662	160	63	885
	74.80226	18.0791	7.118644	100
Q20. Do you have a fax machine	597	276	12	885
	67.45763	31.18644	1.355932	100

LIBRARY AUTOMATION SURVEY

QUESTION:	YES	NO
1. Have you ever used the CDA Library?		
2. Would you like to receive information from the library in an electronic format? ie. literature searches.		
3. Would you like to be able to request information/research by e-mail ie. books, videos, etc...?		
4. Are you interested in doing your own computer literature searches, for example, on MEDLINE?		
5. Would you be interested in a dental current awareness service on-line (ie. dental journal abstracts, seminar information, etc...)		
6. Are there any other services you would like to see the library offer electronically?		
7. Would you like to communicate with CDA generally, for other information electronically, ie. correspondence, merchandise, order entry..?		
8. Do you have an office computer?		
9. If no, are you planning to purchase one?		
10. Do you have a home computer?		
11. If no, are you planning to purchase one?		
12. Do you have a modem on your office computer?		
13. Do you have a modem on your home computer?		
14. If no to both questions 12 & 13, please go to question 19.		
15. If you have a modem, what communications package are you using? Please print.		
16. Do you currently subscribe to an e-mail service?		
17. Do you currently use Internet?		
18. Do you search other databases? Which ones, please print?		
19. Are you interested in Internet?		
20. Do you have a fax machine?		
21. Are you satisfied with the CDA Library services? Comments.		

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Wayne Steggles, Chairman, Smith Falls Dr. Ross Anderson, Halifax Dr. David Chimilar, Winnipeg Mr. Alf Dolan, Belfountain Dr. Neil Farrell, London Dr. Tim McGaw, Edmonton Dr. Trey Petty, Calgary Ms. Jackie Smorang, Calgary Major Euan Swan, CFDS, Ottawa
Executive Liaison:	Dr. John Diggins, Vancouver
Senior Staff:	Mr. Brian Henderson, Director, Professional Services
Coordinator:	Mrs. Danuta Askew

1. Committee Meetings

The Committee on Community and Institutional Dentistry has met once since its report to the Interim Meeting of the CDA Board of Governors. The meeting was held in Ottawa on April 22, 1995.

ITEMS REQUIRING BOARD ACTION

2. Infection Control - Revisions of CDA Resource Document

APPENDIX I

On behalf of the Committee, Dr. Trey Petty reviewed CDA's current policy on infection control (Appendix I) and no changes have been recommended. Dr. Petty, however, recommended changes in the existing CDA resource document entitled "Recommendations for Infection Control Procedures" and the Committee agreed with the suggested revisions. The revisions bring the resource document more in line with current practice and integrate into the document other related CDA policy statements. The Committee feels that the changes are consistent with the intent of the Board's request to review the CDA policy on infection control, since the concerns raised in earlier discussion appear to relate to the resource document rather than the brief official policy statement.

RESOLVED:

- 95.66** **THAT the title of the proposed CDA resource document be renamed "Guidelines for Implementation of Infection Control Procedures".**

ADOPTED**RESOLVED:**

- 95.67** **THAT the fourth paragraph of the section on Gloves, on page 3 be deleted; and**

THAT section (v) - Infectious waste, of the section on Disposable Materials, on page 15 be revised to delete the words "by treating patients known to be carriers of the hepatitis B or H.I. viruses. Accordingly".

ADOPTED**RESOLVED:**

- 95.68** **THAT the revised version of the CDA resource document entitled "Guidelines for Implementation of Infection Control Procedures", as presented in Appendix II, be approved as amended; and**

THAT the *CDA Workbook on Infection Control: A CDA Companion to the CDA Guidelines on Infection Control* be edited to reflect these revisions.

APPENDIX II**ADOPTED****ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****3. Dental Unit Waterlines**

The GREB (Groupe de recherche en écologie buccale) research group from the Université Laval recently published an article "Bacterial Analysis of Dental Unit Waterlines" which "indicated that a Limulus chromogenic test cannot be used to monitor bacterial contamination of dental unit waterlines and confirmed that the presence of a bacterial biofilm in water supply

is a major problem in dentistry". This publication reflects a current concern in the profession. The Committee has undertaken to review current studies and articles on the topic for the next meeting.

4. **Long Term Care Facilities - Dental Standards**

Budget cuts are affecting institutional dental services and the geriatric population is increasing. The need for standards for dental services at these institutions is becoming increasingly important. Dr. Petty offered to develop a draft of standards which would be appropriate for the Committee to consider as a possible foundation for a CDA policy document.

5. **Draft Guidelines on Bonded Amalgams**

Following review of a position prepared by Dr. Phillip Watson and a thorough literature review, Dr. Ross Anderson presented a draft on bonded amalgams. The Committee directed that the document be passed to the Dental Material & Devices Committee for comment and review before presentation to the CDA Board.

6. **Aboriginal Health**

The CMA submission to the Royal Commission on Aboriginal People was presented for review and the Committee agreed that Dr. Arthur Schwartz will be contacted to review the submission and advise the Committee if there is a need for a comparable CDA position.

7. **Sports Dentistry**

Dr. Frank Stechey, a member of the Academy of Sports Dentistry provided a slide presentation with a brief history of the Academy and the current issues in sports dentistry. The Committee was interested to learn of the high number of dental injuries as a result of sports activities. The Committee will be exploring ways to heighten the awareness of the profession on the general topic of sports dentistry.

8. **HPB Workshop "Partners for Action: A Canadian Workshop on Seniors and Medication, Alcohol and Other Drugs"**

Dr. Trey Petty attended the HPB Workshop on CID's behalf and presented the Committee with a report. The purpose of the workshop was to: 1) Establish and facilitate links among all groups working in the area of seniors and medications, alcohol and other drug use, and 2) develop a collaborative action plan on seniors and medications, alcohol and other drug use.

COMMITTEE ON COMMUNITY & INSTITUTIONAL DENTISTRY**- 4 -**

He recommends that CDA can begin to educate its membership on the problems of drug and alcohol use in the elderly through introduction of articles and information items in the Journal and having a bibliography or packet of articles available at the library. He also recommended that CDA should continue its involvement in Health Canada Alcohol and Drug Programs to encourage representation from an interested member whenever further workshops or meetings are held.

9. Summary

In conclusion, appreciation is extended to the members for their active participation during the deliberations of the Committee on Community & Institutional Dentistry. On behalf of the Committee, the Chairman extends his thanks to Brian Henderson for his guidance and advice and to Danuta Askew for her energy and commitment in support of Committee activities.

Respectfully submitted,

Wayne Steggles, D.D.S., Chairman
Committee on Community & Institutional Dentistry

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Community and Institutional Dentistry.

Recommendations for Infection Control Procedures

Dentists have always been concerned with the prevention of disease transmission. Traditionally, this has been accomplished by the sterilization of surgical instruments. The appreciation that dentists are at risk for acquiring Hepatitis B has resulted in the realization that disease may not only be transmitted from patient to patient, but also from dentist to patient and patient to dentist. This has created the philosophy that all blood, saliva and other body fluids must be considered as potentially infectious. Such an understanding has necessitated a revision of previous infection control procedures. The implementation of such changes will occur if the dental profession is aware of how practical infection control may be achieved. As the initial phase of this educational program, infection control procedures have been developed. Since medical history and examination cannot reliably identify all patients infected with HIV, HBV or other blood-borne pathogens, precautions should be consistently used for all patients.

- ◆ gloves should be worn in treating all patients when contact with blood, saliva and body fluid is anticipated;
- ◆ hands should be washed with a germicidal soap prior to and immediately after the use of gloves;
- ◆ masks should be worn to protect oral and nasal mucosa from splatter of blood and saliva;
- ◆ eyes should be protected with some type of covering to protect from splatter of blood and saliva;
- ◆ rubber dam should be used in restorative dentistry wherever possible;
- ◆ heat sterilizers should be biologically monitored as to their effectiveness at least on a monthly basis, and a log of this monitoring maintained;
- ◆ up-to-date immunization status must be maintained for dentists and staff with patient-related duties. This includes Hepatitis B, measles, mumps, rubella, and influenza;
- ◆ appropriate sterilization methods should be used on all dental instruments;

◆ handpieces and similar intra oral devices should be sterilized according to the manufacturer's directions; if not sterilizable, they must receive appropriate high level disinfection;

◆ counter tops, working surfaces and operatory furniture, especially if aerosols and/or blood splatter will be generated, should be protected by disposable covers and/or disinfected by a suitable liquid;

◆ utilization of disposable materials is encouraged. Disposable materials should be discarded in plastic bags. Sharp items, such as needles and scalpel blades, should be placed in puncture-resistant containers prior to disposal;

◆ a high temperature wash cycle, with normal bleach concentration, followed by machine drying is recommended for clothing. Dry cleaning and steam pressing is also appropriate;

◆ an office infection control manual should clearly describe protocols and procedures; each office should appoint an infection control officer, and a log of needlestick/ percutaneous injuries to staff should be established.

Approved by the Board of Governors
Canadian Dental Association
August, 1992

APPROVED***GUIDELINES FOR IMPLEMENTATION OF
INFECTION CONTROL PROCEDURES*****INTRODUCTION**

These recommendations are intended to protect dentists, their staff, and patients from disease transmission. General practitioners and specialists are encouraged to apply this information in a diligent, conscientious manner.

It is appreciated that the success of the recommendations depends upon the acceptance of two significant concepts.

1. That all dentists have to realize that it is both irresponsible and unethical to refuse treatment based solely upon the infectious status of a patient. If this philosophy is not universally adopted in conjunction with current infection control procedures, the public will continue to express reservations regarding the potential for disease transmission in the dental office.

2. That infection control procedures must allow for the fact that neither the dental office environment nor the nature of dental practice permit the sterility attainable in a hospital operating room. These concepts notwithstanding, dental health care workers must accept that there exists a risk — albeit a minimal one — of acquiring occupational related infections no matter the nature of their practice or extent of infection control protocols.

An office infection control manual should be developed that clearly describes protocols and procedures. Each office should appoint an infection control officer and a log of needlestick / percutaneous injuries to staff should be established.

MEDICAL HISTORY

The medical history of patients should be obtained at the initial examination and reviewed during recall visits. Medical histories, physical examinations and laboratory tests may not always reveal the presence of an infectious process.

Questions regarding medications, recent and past illnesses or operations, weight loss, swollen lymph glands, and oral problems may produce significant responses. Dentists should be familiar with the oral manifestations of infectious diseases, especially those which may be transmitted by dental treatment. The following table lists a number of diseases whose oral and general signs and symptoms should be known. (Table)

TABLE

COMMUNICABLE DISEASES	
SYPHILIS GONORRHEA DIPHTHERIA INFLUENZA MEASLES MUMPS CANDIDIASIS	HERPES SIMPLEX INFECTIONS INFECTIOUS MONONUCLEOSIS CYTOMEGALOVIRUS INFECTION CHICKEN POX — SHINGLES AIDS HEPATITIS B AND D HEPATITIS NON A AND NON B

Certain histories demand additional consideration. A previous history of hepatitis indicates that the patient's present hepatitis B antigen/antibody status should be determined. A positive hepatitis B surface antigen suggests that a current infection may exist or that the patient may be a chronic carrier. This could be valuable information for the patient and other health care workers. A positive hepatitis B surface antibody indicates that the patient will not transmit the infection. A history of exposure to human immunodeficiency virus (HIV) probably generates the most concern. Such a history does not necessarily imply that the patient has or will develop AIDS. Indeed, unlike the hepatitis B virus, there is a negligible risk of HIV being transmitted during dental treatment. Patients who are medically compromised, especially if related to: organ transplantation, chemotherapy or immunotherapy, are at a risk of acquiring infections from dental instruments, and the attending personnel if current infection control procedures are not adopted.

It is the realization that patients and staff may be asymptomatic but potentially infectious which has resulted in the recommendation that the same infection control procedures be used for all patients.

GLOVES

Gloves are the most effective method of isolating the fingers and hands of dental personnel from blood and saliva. In addition, they are the most visible evidence of infection control, and provide reassurance to patients when a fresh pair are donned in their presence. Gloves should not be worn indiscriminately. They are not to be used when greeting patients, handling records or radiographs, but only when performing intra-oral procedures or handling instruments to be used or used within and around the oral cavity. Gloves are disposable items and similar to injection needles, anaesthetic carpules, and saliva ejectors, must be discarded after use on each patient.

A latex, non-sterile glove is recommended for most dental procedures. Practitioners are encouraged to try different brands to assess comfort, strength and cost. Orthopedic gloves are resistant to tearing and snagging, and may be useful for endodontic and orthodontic procedures. Sterile gloves are suggested for invasive oral surgical procedures. To decrease the expense associated with gloving, for each recall patient, the practitioner may wish to remove the latex gloves, hand wash, and don either "food-handlers" or medical grade vinyl gloves. These are cheap, poorly shaped, and fit either hand; however, they provide sufficient protection to perform a recall examination, denture adjustment, suture removal, etc. After the examinations, the cheaper gloves are discarded, hands washed, and a fresh latex pair used for the ongoing dental procedure.

Although hypoallergenic gloves are available, most problems related to the wearing of gloves may be reduced if:

- gloves are worn only when required
- hands are dried before gloving
- a double refined corn-starched biodegradable powder is used as a liner.

Some surface organisms on gloves may be removed if gloved hands are properly washed. However, washing induces tears while increasing the thinness and porosity of gloves. It is for these reasons that authorities recommend that a fresh but appropriate pair of gloves (ie. latex or vinyl) be used for each patient.

HAND WASHING

Hands, fingers, and nails harbour transient and resident microorganisms which are capable of transmitting disease. The potential for such spread is reduced by appropriate hand washing which eliminates most of these organisms. A suggested technique is to wash the hands using an antimicrobial soap solution for 15 seconds followed by rinsing under running water for 15 seconds. It is preferable if this two-phase cycle is repeated three times (total 90 seconds) before drying the hands with disposable paper towels. Hands should be washed before and after donning protective gloves.

There is some debate as to what are effective antimicrobial solutions. One school suggests that only liquids containing 4% chlorhexidine should be used, while another indicates that solutions containing para-chlorometaxlenol (PCMX) are also effective and perhaps less damaging to the hands.

MASKS

Masks provide a barrier to the contamination of oral, nasal, and upper respiratory tract mucosa from micro-organisms residing in such locations either in patients or dental personnel. Many dental procedures require a close approximation of these separate locations which justifies the wearing of such a protection, especially when patients are medically compromised, the staff have upper respiratory tract infections, and/or the surrounding environment will be contaminated with blood and saliva products during high speed instrumentation, e.g. from handpieces and ultrasonic scalers. While it is not suggested that a fresh mask be worn for each patient, it must be appreciated that all masks lose their effectiveness upon becoming moist, which, depending upon the nature of treatment, may occur within one to two hours. The type of mask depends upon operator preference, however, folding surgical masks may become wetter faster than the preformed cone or cup type.

EYES

The exposed eyes of dental personnel are particularly vulnerable to the micro-organisms in the blood and saliva which are propelled into the atmosphere by high speed instruments. In addition, the eyes are exposed to damage from airborne particulate matter such as calculus and amalgam debris. It is recommended that the eyes of all treating staff be appropriately protected. This is partially accomplished by standard prescription glasses or glasses with plain lenses; however, the effect of this barrier is dramatically increased when protective side pieces are used. Glasses will become contaminated and should be washed in conjunction with hands using running water and an antimicrobial soap solution.

Clear face shields are now available for dental personnel. It is debatable if they offer greater protection than that provided by eyeglasses and masks. While their use is optional they may be advantageous to dentists with beards.

Consideration may be given to using protective eyeglasses for patients. These may be disposable or be capable of being subjected to chemical sterilization or high-level disinfection.

RUBBER DAM

Apart from its known advantages in restorative dentistry, rubber dam provides an effective barrier to the spread of disease. The dam, by isolating an area of the mouth, protects dental personnel from exposure to blood, saliva and oral aspirations, all of which may harbour pathogenic organisms.

In this regard, two other practice techniques reduce the number of micro-organisms and hence reduce the risk of disease transmission. The first is the use of an antiseptic or antimicrobial mouthwash by the patient for 30 seconds prior to any intra-oral procedure, but especially before high speed instrumentation. The mouthwash will reduce temporarily the number of viable oral organisms. The second is to use high volume suction, which is an effective method of removing the blood and saliva spatter created by high-speed instruments.

IMMUNIZATION

A healthy life-style, combined with a nutritious diet and sensible exercise, maintains a resistance to disease, especially when combined with appropriate immunization. All dental care workers, especially females of child bearing age, should be adequately immunized against: hepatitis B, measles, *tetanus*, mumps and rubella. This applies to treating staff and office and laboratory personnel. Staff prone to recurring influenza infections may wish to consider appropriate vaccinations.

INSTRUMENT STERILIZATION

Present infection control techniques based upon the current knowledge of disease transmission demand that all instruments and devices used in and around the oral cavity be appropriately sterilized. Prior to a discussion of sterilization techniques, some terms should be defined.

1. TERMS

- (a) Sterilization — is the destruction of all life forms. It is a finite, definite state. An instrument is either sterilized or it is not. There is no state of partial sterility.
- (b) Disinfection — is the destruction of some but not all micro-organisms. It is a variable state, ranging from a low level when only minimally resistant organisms are destroyed, to a high level when all but very resistant organisms are destroyed. An instrument may be subjected to a low, medium or high level of disinfection.
- (c) Cleaning — is any technique which removes visible debris, blood and saliva from an instrument. Cleaning will reduce some but not all micro-organisms; therefore, by the previous definitions a clean instrument is disinfected but not sterilized.

2. STERILIZATION TECHNIQUES

In the general practice of dentistry there are *five* acceptable sterilization techniques.

- (a) Water Vapour under pressure — Autoclave
- (b) Chemical Vapour under pressure — Chemiclave
- (c) Dry Heat — Dry Heat Oven
- (d) *Ethylene Oxide Vapour — Ethylene Oxide Sterilizers*
- (e) Chemical — Liquid Sterilants

Each method has distinct advantages and disadvantages. No single technique will be suitable for all instruments, thus combinations of methods may be required. While the autoclave is suitable for oral surgery instruments, and the dry heat oven for endodontic instruments, the chemiclave is adequate for most of the instrumentation used in general practice. *Ethylene oxide sterilizers are typically found in a hospital setting. All sterilizers are precision instruments* and the manufacturers' instructions must be followed with regard to: operating routine, preparation, packaging and loading of instruments, and maintenance schedules.

Sterility is a precise, biologic state and two quality assurance methods should be used to ensure that this state is maintained. The first relies upon process indicators and the second upon biologic monitors. Process indicators are usually made of paper, tape or cardboard, impregnated with a special ink which is designed to change colour once the package to which it is attached has been subjected to a specific temperature in the sterilizer. The main function of process indicators is to clearly designate which packages have been processed through the sterilization cycle; however, they do not prove that sterilization has occurred. This is the function of biologic monitors.

Biologic monitors consist of tubes or envelopes containing known amounts of live, non pathogenic, bacterial spores which are very resistant to the high temperatures obtained in autoclaves, chemiclaves, and dry heat ovens. If the spores are made non-viable during the sterilization cycle, it is reasonable to state that all other less resistant organisms have been destroyed and that the sterilizer is effective. To use the biologic monitor, it should be placed among instrument packages in an area where sterilization would be difficult. The usual sterilization cycle is completed and the biologic monitor recovered. It is then cultured along with an unsterilized control for at least 72 hours in a suitable incubator with an appropriate medium. If growth occurs, the medium changes colour. Accordingly, after exposure to an effective sterilization cycle, the monitor should produce no colour change in the medium, while the control should produce a definite colour alteration. With training, the incubation may be performed by dental staff, but it may be more appropriate to use hospital or commercial medical laboratories.

The type of biologic monitor used must be related to the type of sterilizer. For example, the spore *Bacillus stearothermophilus* is used to test autoclaves and chemiclaves, while the spore *Bacillus subtilis* is for testing dry heat ovens *and ethylene oxide sterilizers*.

It is suggested that process indicators be used with each sterilization load. *Biologic monitors should be used at least monthly, and a log of this monitoring should be maintained.* Increasing the length of time between monitoring increases the chance of unknowingly relying upon an ineffective sterilizer.

It is good practice to follow the manufacturer's instructions for the preparation, packaging and loading of instruments into the sterilizer, while recording the results of regular biologic monitoring.

A fourth acceptable method is sterilization by suitable liquid sterilants; however, the disadvantages are many. To achieve sterility, instruments must be immersed in the solution for between 7 - 10 hours; thus, they are out of commission for the equivalent of a full working day. It is impossible to determine when the biocidal properties of the solutions are diminished or exhausted; therefore, to be safe, fresh solutions should be prepared for each load, which is both expensive and time consuming.

3. INSTRUMENT CLEANING

Following use, instruments may be stored in an acceptable liquid disinfectant (see below) prior to being cleaned. This allows some deactivation of micro-organisms to occur, and by preventing blood and protein from drying out, facilitates the removal of such debris. Instruments may be kept in the holding solution until there is sufficient time to initiate the sterilization cycle, the first phase of which is instrument cleaning. Two cleaning techniques may be used either singly or in combination. The first involves the physical cleansing of the instruments under running water with a stiff bristle brush. The scrubbing is continued until all visible debris is removed. The second method utilizes an ultrasonic cleaner. The cleaner should be used according to the manufacturer's instructions and definitely with the lid closed.

As suggested above, either one or both of these techniques may be employed. Some authorities recommend that the physical cleaning should precede the ultrasonic cleaning. Others suggest that the ultrasonic method should be performed first, which has some validity as it will reduce microbiologic debris on the instruments, creating a safer environment for their physical cleansing. The cleaned instruments are dried with fresh paper towels and appropriately packaged according to the specific sterilization method.

Inevitably, instrument cleaning and sterilization will take place in the same area. Thus, it is wise to separate these two activities by as much space as possible (e.g. the cleaning on one side of the room and the sterilization on the other). If this is not possible, a clear vertical plastic barrier could be used to separate both activities if they must be performed on the same countertop.

4. LIQUID DISINFECTANTS

There are few Federal or Provincial Regulations concerning the effectiveness of disinfectants. Manufacturers and distributors have a certain licence in advertising the microbiocidal activities of their products. Indeed, the traditional methods of testing disinfectants are under review, which questions recommendations made by such an authoritative source as the United States Environmental Protection Agency (E.P.A.). However, it appears to be generally accepted that a high level disinfectant is one which deactivates the tubercle bacillus within a 30 minute exposure. Thus, by assessing the concentration of solution and the duration of exposure necessary to produce a tuberculocid activity, practitioners may compare and contrast disinfectants. Until there is a recognized standard for disinfectants it would seem appropriate to use recognized sterilants to achieve disinfection by reducing the immersion time and/or the concentration of the solution. However, this method is not only expensive but will expose staff to relatively toxic chemicals. It is accepted that in dentistry, disinfectants are used for two purposes. The first is as an immersion disinfectant for dirty instruments, prior to their cleaning and sterilization. The second is as a surface disinfectant for working areas contaminated by blood, saliva, and proteinaceous debris. As a general rule, recommended immersion disinfectants contain either glutaraldehyde or phenolic compounds, whereas surface disinfectants contain bleach and phenolic or iodophore compounds.

The effectiveness of liquid sterilants and disinfectants is only assured if the appropriate concentrations and exposure times are used.

HANDPIECES

Most modern handpieces are capable of being sterilized by steam or chemical vapour, and this should be an important consideration upon purchasing new or replacement pieces. To maintain this instrument in working order for a lengthy period, the manufacturer's directions regarding the nature and sequence of cleaning, lubricating and sterilizing the handpiece must be precisely followed. Immediately after use it is wise to flush water through the handpiece for 20-30 seconds to remove any oral fluids which may have been aspirated into the handpiece if a retraction valve is present. Additionally, it is good practice to flush out the water line prior to re-attaching the sterilized handpiece. Cleaning of the handpiece prior to sterilization usually involves wiping its surface with a hot water and detergent solution to remove all visible debris.

The use of non-sterilizable handpieces is not recommended; however, handpieces which cannot be sterilized must be subjected to a high level disinfection. This should be performed by a tuberculocidal disinfectant and since it is being applied to the surface of the handpiece iodophore or phenolic compounds are recommended. After flushing water through the handpiece, it is disconnected and cleaned in the usual manner. A 4 × 4 gauze is soaked in the liquid disinfectant, wrapped around the handpiece, and left for 15-30 minutes. Afterwards, residual disinfectant may be removed by wiping with sterile water or alcohol-soaked gauze. The water line is flushed again for 20-30 seconds and the handpiece re-attached.

Air/Water syringes and ultrasonic scalers should be treated in a similar manner as described for handpieces. Preferably, they should be sterilized but if not, high level disinfection is acceptable. Removable tips which can be sterilized are advantageous.

COUNTERTOPS

The normal airborne transmission of micro-organisms plus that generated by dental instrumentation, combined with the contamination of surfaces by dirty gloves and instruments, are all methods by which disease may be transmitted in the dental office, particularly the operator. Although organisms recovered from such areas are not considered major sources of infections emanating from the dental environment, it is wise to adopt a high standard of office cleanliness. Operator hygiene is practised to reduce the microbial contamination of high risk sites, such as; counter tops, drawer pulls, bracket tables, light handles and switches, chairs, floors, and walls. It is an attempt to obtain a level of cleanliness in a relatively public place commensurate with the activities occurring within the particular office. Operator hygiene ought to be performed, after each patient, and is accomplished by protection and/or disinfection.

Protection — All high risk areas are protected by disposable covers (water-proof paper, aluminum foil, saran wrap) or cloths which are washed prior to re-use. The protection should be removed by gloved hands and safely discarded, after each patient.

Disinfection — After each patient dismissal, the high risk sites are cleaned with a suitably diluted bleach, iodophore, or complex phenolic compound to remove all visible debris. The surfaces are then wiped a second time with the surface disinfectant until wet. The surfaces should not be dried but the liquid allowed to evaporate thus increasing the residual disinfecting properties of the solution.

Carpets are difficult to disinfect and are not recommended for operator floors. All visible blood and splatters should be removed immediately from floors and walls.

Two additional areas which are pertinent to operator hygiene include the handling of X-ray film packages and laboratory procedures.

Once in the mouth, X-ray packages are contaminated with saliva and possibly blood. *These packages should be disinfected with an appropriate liquid disinfectant or their surfaces protected with a package sleeve or by donning overgloves when the film is retrieved and developed.* At least on a daily basis, the outer surface and openings of the developing equipment should be wiped or sprayed with a suitable compatible liquid disinfectant.

The principles of infection control and general cleanliness are applicable to the laboratory environment.

(i) Impressions — All impressions should be rinsed under running water to remove all visible blood and saliva, disinfected ***using a liquid disinfectant according to manufacturer's instructions***, then cast or forwarded to the laboratory.

* Alginate Impressions — ***Spray with a liquid disinfectant then seal in a protective air-tight bag or immerse in a liquid disinfectant for the manufacturer's recommended time.***

* Reversible Hydrocolloid Impressions — ***Spray or immerse in a liquid disinfectant (preferably an alcohol-based phenolic or chlorine compound) for the manufacturer's recommended time. Providing that disinfectants do not alter casts, it may be appropriate to decontaminate the casts by soaking in a disinfectant for the manufacturer's recommended time.***

* Polyvinylsiloxane or polysulfide Impressions — ***Spray or immerse in a liquid disinfectant for the manufacturer's recommended time.***

* Polyether Impressions — ***Spray or immerse in a fast acting (1 - 3 minutes) chlorine compound liquid disinfectant for the manufacturer's recommended time.***

(ii) Prosthesis — Intra-oral appliances should be disinfected prior to forwarding to the laboratory, and before insertion. A suitable disinfectant is 5% sodium hypochlorite (i.e. household bleach) diluted 1:10 to ***1:100*** with water for a ten minute exposure.

(iii) Impression Trays — Trays should be cleaned after use and sterilized by heat.

(iv) Rag Wheels, Brushes, Bars — After use, these should be cleaned of visible debris and stored in a suitable disinfectant. At least once a week they should be sterilized by heat.

(v) Pumice — Pumice mixture is a medium for bacterial growth from saliva contaminated intra-oral appliances. This can be controlled by mixing pumice with 5% sodium hypochlorite diluted 1:20 with water and adding 3% green soap to keep the pumice suspended, or, pumice may be mixed with a phenolic or iodophore base liquid disinfectant. The pumice mix should be changed daily, with the empty pumice pan being heat sterilized, at least weekly.

(vi) Countertops — The laboratory countertops should be protected from contamination or wiped down with disinfectant, in a similar manner as the operatory working surfaces.

(vii) Commercial laboratory — Dental Staff should ensure that commercial dental laboratories are aware of, and have adopted appropriate infection control procedures.

DISPOSABLE MATERIALS

Whenever possible, disposable items should be used and discarded after use on each patient.

There has been much discussion regarding the handling and disposing of waste products generated by health care facilities, including private dental offices. The current trend, to consider as infectious all waste contaminated with blood and saliva, dictates a need for precise and expensive handling and disposal procedures which may not be warranted. The Canadian Standards Association (C.S.A.) has addressed this issue in a new policy "Handling of Waste Materials within Health Care Facilities". The C.S.A. adopts the following premises:

(a) The simple presence of viable organisms does not constitute a hazard; a mechanism by which these organisms can infect a host must coexist. Since hepatitis B and HIV are usually transmitted by inoculation, the concern with blood per se is misplaced: this concern is more appropriately applied to clinical sharps. Infections acquired by waste handlers are rare and almost always associated with trauma. Vigorous efforts directed toward the prevention of these injuries deserve high priority; the incidence of both the wounds and accompanying infections can be reduced dramatically by adherence to safe procedures;

(b) Absolute elimination of all risk is impossible. A realistic goal is the attainment of a reasonable degree of safety at all times without needlessly compromising efficiency.

Acceptance of these concepts offered by the C.S.A. allows development of a rational approach to the handling of wastes from the dental office.

(i) Sharps — This includes: needles, syringes, blades, glass or other clinical items, such as matrix bands, which could cause a cut or injury. In keeping with the C.S.A. recommendations, office procedures should be adopted which will minimize trauma from these items, especially when they are transferred between dental personnel and collected for disposal. Although some authorities suggest that needles not be recapped, it is probably safer if they are. Recapping, without danger of injury, is possible if hemostats or needle recapping devices are used.

All sharps should be placed in sturdy containers, which are identified as containing sharps. It is safer if the container is not completely filled and if it is secured by a tight fitting lid. Dental personnel should comply with pertinent municipal or provincial laws regarding the disposal of sharps originating from the private dental office.

(ii) Blood, suctioned fluids — Such wastes may be carefully disposed of via a sanitary sewer system according to applicable regulations.

(iii) Disposable materials — Included are gloves, masks, wipes, and protective disposable covers. Such items should be placed in sturdy, black and green, plastic bags.

(iv) Waste disposal — The majority of wastes generated by the dental office are general waste and should be disposed of according to applicable federal, provincial, and municipal regulations.

(v) Infectious waste — There are no clearly defined specific regulations concerning the handling or disposal of infectious waste products produced in the private dental office. It is suggested that such disposable wastes be carefully bagged by staff wearing appropriate personal protection, and disposed of according to any applicable municipal, provincial or federal regulations.

(vi) Details on all pertinent Federal, Provincial, and Municipal regulations should be available from local public health units.

WASH CYCLE

Clothing, especially uniforms which have been exposed to spatter from blood and saliva, are a potential source of infection. Fortunately, a high temperature wash (60°C to 70°C) with normal bleach concentration, followed by machine drying (100°C), will effectively disinfect such clothes. Aesthetically pleasing, comfortable gowns or coats which cover street clothes are available. Such uniforms should have long sleeves and high collars; alternatively, short sleeved uniforms may be worn, which permit washing of the forearms. However, in either case, a change into street clothes will be necessary at the end of the day. In any case, gowns or uniforms should be changed whenever they become visibly soiled and preferably on a daily basis.

There is some debate among authorities as to whether caps should be worn by the treating staff on a regular basis. There would appear to be no harm in dental personnel adopting this precaution, if they have concerns about spatter, blood, and saliva, contaminating their hair.

CONCLUSION

The purpose of infection control in dentistry is to minimize the risk of exposure to pathogens by reducing the microbiologic burden. This burden is directly related to the procedures being performed and the health of patients and staff. Consequently, it is impossible to provide a comprehensive statement on infection control which will be applicable to every treatment in every office. However, this document has stressed three important areas: the sterilization of all reusable instruments; the disinfection of all high risk sites; and the immunization of all dental staff against hepatitis B. *However, each practitioner must decide, based upon a knowledge of disease transmission, the specific infection control procedures that are appropriate for his/her own practice.*

BIBLIOGRAPHY

(To be updated.)

Approved by the
CDA Board of Governors
August, 1995

CONVENTION COMMITTEE

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

General Chairman: Dr. Michel Jahjah, Montreal

Executive Liaison: Mr. Jardine Neilson

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. Ottawa 1995 CDA Convention

a) Scientific Program

Registration for Hands-on and Limited Attendance courses is on target and we are presently in the process of selecting chairpersons for every lecture.

b) Trade Exhibit

The floor plan of the Exhibit hall has been redesigned to emulate a European style and the layout will be a first for a North American dental Trade Exhibit. Space is now completely sold-out and those companies who are still seeking to exhibit are being placed on a waiting list for the moment.

c) Social Functions, Tours and Special Activities

Preparations for all social functions are unfolding according to schedule as entertainment, decor and menus for each event are finalized. The Opening Ceremony promises to be a real success with exceptional circus acts and a variety show that is sure to be a crowd pleaser. A well-known radio personality has been invited to MC the evening and those who are electing to attend the Opening Ceremony will not be disappointed. At this time, all other events also show all the promises of success.

d) Promotion/Registration

In addition to the updates in every CDA Journal as well as ads placed in almost every provincial dental association's journals, a postcard has been mailed during the first week of June to all Canadian dentists. Although registrations are coming in daily, we have now adopted a pro-active approach and have started a telephone campaign in order to facilitate registration. Not only will we be calling dental offices throughout Ontario and Quebec, but we have also invited dentists, by means of the above mentioned postcard, to register by phone. The convention staff will be on hand during the month of June to receive registrations to the convention proper or to any of the courses and events offered during the congress.

2. **Montreal 1996 CDA Convention**

a) **Venue/Hotels**

A contract has been signed with Place Bonaventure, whereby the Dental Trade Exhibit (August 19-20) and several lecturers will take place at this venue. Other lectures will take place at the Montréal Bonaventure Hilton.

Blocks of rooms have been secured and contracts have been signed with the Hotel Bonaventure, The Queen Elizabeth, Radisson/Hotel des Gouverneurs, Chateau Champlain and the Novotel. Other hotels being considered are the Westin and the Sheraton. The 1996 CDA Board Meeting will take place at the Montréal Bonaventure Hilton and Board members will be housed at this hotel as well.

3. **Out-of-Country Seminars**

For 1995, out-of-country seminars will take place in Greece and Kenya. The FDI 1995 in Hong Kong and its pre and post congress tours are proving very popular with Canadian dentists. Over 50 participants are expected to attend this out-of-country seminar.

Respectfully submitted,

Michel Jahjah, D.D.S.
General Chairman, Conventions

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Convention Committee as information.

COMMITTEE ON DENTAL MATERIALS AND DEVICES

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

- Members:** Dr. Derek Jones, Chairman, Halifax
Dr. Burton Conrod, Sydney
Dr. Pierre Desautels, Montréal
Dr. Leonard Johnson, London
Dr. Dorin Ruse, Vancouver
Dr. Dennis Smith, Toronto
Dr. Peter Williams, Winnipeg
- Observers:** Dr. Satish Chander, Medical Devices Bureau, Ottawa
Dr. Attar Chawla, HPB, Ottawa
Ms. Linda Leinan, ISTC, Ottawa
- Executive Liaison:** Dr. Richard Sandilands, Edmonton
- Staff:** Mr. Brian Henderson, Director, Professional Services
Mr. Richard McCoy, Coordinator, Professional Services

1. Committee Meeting

The Committee has held one meeting since its report to the 1994 Annual Meeting of the CDA Board of Governors; the meeting was held on April 28, 1995.

ITEMS REQUIRING BOARD ACTION

2. Guidelines for the Safe Handling of Mercury

In 1985 the Committee on Dental Materials and Devices presented a document entitled "Guidelines for the Safe Handling of Mercury" to the CDA Board of Governors. The Board accepted the document as a resource prepared by an expert committee but did not approve the document as "policy".

At the 1991 Annual Meeting of the CDA Board of Governors, the committee provided a revised version and was directed by Executive Council to circulate the revisions for input and comments.

At the 1992 Interim Meeting of Executive Council a further revision of the guidelines was directed back to the Committee.

The guidelines have since been reviewed for the committee by Dr. Dorin Ruse and further changes in format, some new statements and a new title were supported by the committee.

RESOLVED:

95. 69 **THAT item 5 of the Guidelines be amended to read: "The amalgam workplace should be a well ventilated area. Running the air exchange continuously during office hours reduces mercury vapour levels in the operatory".**

ADOPTED

RESOLVED:

95. 70 **THAT the document "Mercury Hygiene Guidelines for the Safe Handling of Amalgam in Dental Offices", as presented in Appendix I, be approved as amended.**

ADOPTED

APPENDIX I

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Products Receiving the CDA Seal of Recognition

Philips Electronic Ltd. - "Dental Logic HP400/HP500/HP550" mechanical toothbrushes

4. Mercury Body Burden Study

The CDA Committee on Dental Materials and Devices received a report from Dr. Mark Richardson, a researcher currently assigned by the Health Protection Branch to complete a study of scientific literature related to the topic of the human body burden of mercury. Dr. Richardson was accompanied Dr. Philip Neufeld, Head of Standards and Testing in the Medical Devices Bureau. Dr. Richardson indicated that the aim of the study was to determine a tolerable daily intake (TDI) with respect to dental amalgam. In order to establish this, the human body burden of mercury from all sources would be calculated. A threshold would be established at which there were proven discernable negative health effects of mercury and a

related safety margin suggested. Dr. Richardson acknowledged that it was possible that restrictions on the number of dental amalgams might be indicated in relation to the TDI figure resulting from the study and the associated safety margin.

Dr. Jones and committee members expressed concern that the calculation of the baseline to be employed in the study was absolutely critical from a scientific point of view. Members expressed frustration because Dr. Richardson would not indicate the specific scientific references he had utilized for this purpose. Upon further critical questioning and comments, he abruptly left the committee meeting. Dr. Philip Neufeld attempted to provide a further response to the committee's concerns.

It was emphasized that while CDA had been invited to provide input and had made scientific studies reviewed by the dental materials committee available to Dr. Richardson (and opened the CDA library to him) the most valuable input was the kind of scientific scrutiny required to validate such a baseline. There was also a concern that such an opportunity would not be provided prior to release of the study, except through an independent reviewer process, CDA has been invited to propose the name of one reviewer and has submitted the name of Dr. Ross McCurdy, Vice President and General Manager of MDS Environmental Services. It was noted that any report issued by the Health Protection Branch would have tremendous impact, whether baseline calculations were scientifically justifiable or not. In this context, the committee felt that further review of the scientific dimensions of the Richardson's study was essential. The chairman noted that this concern would be communicated to the Ministry. A copy of the related letter is included as Appendix II.

APPENDIX II

5. Meeting of ISO TC-106

The 30th meeting of the International Standards Organization Committee ISO-TC 106 (dentistry) was held in Ottawa from October 10-15, 1994, following FDI. This is an international meeting held annually in various countries around the world. It is the second time that the meeting has been held in Canada and was arranged under the direction of Dr. Derek Jones. The meeting was supported by a grant of \$ 10,000 from the Canadian Dental Association and by donations from Ash Temple, Beaver Dental, Dentsply International, ESPE, GC America, Heraeus Kulzer, Ivoclar-Vivadent, SciCan, 3M Dental Canada and 3M Dental U.S.A. Planning for the meeting and coordination of the week long event was the responsibility of Dr. Jones with the support of Brian Henderson, CDA's Director of Professional Services and Mr. Richard McCoy who also serves as coordinator of the CDA Committee on Dental Materials and Devices. The meeting was considered to be a great success with much work accomplished towards the development of new and improved standards specifications. Mr. Kent Foster, assistant Deputy Minister of Health, Health Protection Branch, attended as a guest speaker and acknowledged the contribution of the ISO

and the role of third party standards in the regulatory system for medical devices. A complete report on the conference is presented as Appendix III.

APPENDIX III

I wish to thank Brian Henderson, Director of Professional Services and Richard McCoy, Committee Coordinator, for their efforts during the past year on behalf of the Committee. Mr. McCoy's work in coordinating arrangements for TC106 is particularly appreciated.

Respectfully submitted,

Derek W. Jones, BSc, PhD, FIM., CChem,
FRSC(UK), FADM, Chairman
Committee on Dental Materials and Devices

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Dental Materials and Devices.

MERCURY HYGIENE GUIDELINES FOR THE SAFE HANDLING OF MERCURY IN DENTAL OFFICES

The following mercury hygiene guidelines for the safe handling of dental amalgam were prepared by CDA's Committee on Dental Materials and Devices. They are provided here for use or posting in the dental office.

1. All office personnel should be educated to understand the potential hazards of handling mercury and the need to follow safe mercury handling practices.
2. Mercury will penetrate the skin and therefore should not be handled directly.
3. The use of face masks is desirable; these should be discarded once contaminated.
4. Flooring in dental operatories should be smooth and be free of joints. Carpeting is contraindicated in operatories because it is impossible to decontaminate once mercury has penetrated it.
5. The amalgam workplace should be a negative pressure area equipped with a mercury filter for the exhaust air. Running the air exchange continuously during office hours reduces mercury vapour levels in the operatory.
6. A well defined space of the operatory should be allocated for amalgam mixing and storage of amalgam-related supplies.
7. All operations involving mercury should be carried out over smooth, lipped surfaces to confine possible spills and aid in their recovery. All mercury spills should be cleaned up immediately.
8. The use of amalgamators with completely enclosed arms and capsule is recommended.
9. The interior surfaces of the amalgamator are a major source of mercury contamination and should be wiped clean.
10. The use of precapsulated amalgams is highly recommended to eliminate the possibility of spills during the handling of bulk mercury.
11. Reusable capsules can deteriorate with use and should be replaced regularly.
12. Ultrasonic condensing techniques are contraindicated.
13. Water spray and suction are required during the grinding or cutting of silver amalgam.
14. Amalgam which requires heating should not be used.
15. Bulk mercury should be kept in its original container which should be tightly closed and stopped in a cool place. Mercury dispensers should be handled with extreme care and discarded if they leak.
16. All used mercury and amalgam scraps should be stored under mercury vapour suppressing liquids - or when these are not available, x-ray fixer - in a tightly closed container for proper disposal.
17. Do not allow mercury or mercury contaminated wastes to be dropped in the drain or sewer since this contributes to the ecology problem associated with mercury.
18. Do not use vacuum cleaners in areas where mercury is handled. They increase the contamination by recycling the mercury into the atmosphere.
19. Air filters in recirculating ventilation systems should be changed regularly.
20. Periodic mercury vapour level determinations should be made in operatories.
21. If contamination is suspected, hair, blood and/or urine of dental personnel should be medically tested for mercury contamination.
22. Smoking immediately after or during the handling of mercury will increase the uptake of mercury.

APPROVED

MERCURY HYGIENE GUIDELINES FOR THE SAFE HANDLING OF MERCURY IN DENTAL OFFICES

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22. Smoking immediately after or during the handling of mercury will increase the uptake of mercury.

Approved by
CDA Board of Governors
August, 1995



May 3, 1995

Mr. Kent Foster
Assistant Deputy Minister
Health Canada
Room 115
Health Protection Branch Building
Tunney's Pasture
Ottawa, Ontario
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CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

Dear Mr. Foster,

The Canadian Dental Association appreciates the cooperation of the Medical Devices Bureau in arranging for Dr. Mark Richardson to attend the April 28, 1995, meeting of the CDA Committee on Dental Materials and Devices. As I explained to Dr. Philip Neufeld, who also attended, I had understood Dr. Richardson would describe the methodology of his literature review on mercury body burden and discuss specific papers pivotal to the study. The latter did not fully occur as Dr. Richardson did not indicate the particular references critical to evaluation of the scientific credibility of his approach.

During the meeting, this led to some apparent frustration among members of our committee and to Dr. Richardson's discomfort and abrupt departure. I regret that this occurred and apologize for any perceived discourtesy. In frankness, however, it seemed to me that the questioning, while critical in tone, was not dramatically different from the kind of debate which occurs regularly in scientific circles and that the reaction was out of proportion to the reality.

On behalf of CDA, I wish to emphasize the importance of such review of the scientific dimensions of the Richardson study. Dr. Neufeld noted that CDA had been asked for input. This is acknowledged, and CDA made copies of scientific articles reviewed by our committee available and opened our library to Dr. Richardson. At this stage, however, an opportunity to review in more detail the approach being taken by Dr. Richardson, particularly with respect to the establishment of baselines, would constitute much more useful input. We would be prepared to provide input in this fashion if an opportunity is provided.

As noted in discussion at the meeting of the CDA Committee on Dental Materials and Devices, if the baseline is off a little, the conclusions and acceptable total daily intake (TDI) are off dramatically. Since recommendations to limit the number of amalgams may be related to the latter, this becomes a vital concern. It should be added that the costs of replacement of existing dental amalgam, and even of using composites as an alternative, have been calculated in the billions of dollars. All of us share a responsibility to society to ensure that we identify unacceptable risk, but do not unjustifiably project risk on the basis of inadequately substantiated baselines. There should be a concern to examine proposed baselines critically and thoroughly.

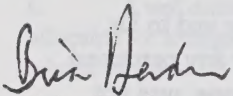
We agreed to a discussion of methodology and pivotal studies at our committee meeting, because we wished to cooperate with HPB and to avoid any perception that CDA might have "edited" the actual report prior to its release. It is urgent, however, that CDA have an opportunity to review the completed paper prior to being faced with any media requests for comments.

CDA has also nominated one external reviewer to take part in the process of critiquing the Richardson paper prior to its submission in final form. I am sure you would agree that the composition of the review panel (and its appropriateness in terms of objectivity, scientific expertise and reflection of appropriate interest groups), must have the potential to help identify concerns or deficiencies in the study if it is to be credible and useful. It is also absolutely critical because the study will be released as a study of the Canadian government and will have impact whether it is well founded or not. I have been requested to convey CDA's strong concern that government's responsibility to ensure that the paper is well founded be met.

At this point, it is my understanding that the shape of the final version of the Richardson paper will be influenced only by the reviewing panel and that no advice from CDA is being sought. Once the final report has been established, CDA will have an opportunity to review it prior to the report being made available to indirectly or directly to the media provided we warrant confidentiality. CDA would appreciate receiving formal reassurance in this regard.

I sincerely hope that the review process is sufficient to identify any real scientific issues, and to ensure that the interests of dental patients and society as a whole are served.

Yours sincerely,



Brian Henderson
Director
Professional Services

BH/rmc

- c. Dr. Richard Tobin, Director, Medical Devices Bureau
Dr. Philip Neufeld, Head Standards & Testing, Medical Devices Bureau
CDA Executive Council
Jardine Neilson, CDA Executive Director
Licensing Authorities
Provincial Dental Associations
Members, CDA Committee on Dental Materials & Devices

Canada's Role In Standards

Canada's Role in the Development of International Standards for Dental Materials and Devices.

by

**Derek W. Jones, Chair Canadian Advisory Committee to ISO/TC 106,
Chair Canadian Standards Association Technical Committee on Dentistry.**

The 30th meeting of the International Standards Organization committee ISO/TC 106 Dentistry was held in Ottawa from 10th to 15th October. The international meeting is held each year in various countries around the world. This was only the second time that the meeting has been held in Canada. The expert delegates attending are nominated by the various countries, these individuals work in committees drafting and developing standards for dental materials, devices and equipment. At the meeting in Ottawa over 200 delegates were in attendance from 18 different countries. A most important and impressive fact to note however, is that the vast majority of this important and time consuming work is carried out by volunteers. Some 38 Working Groups and joint committees, six Sub Committees as well as the full Technical Committee were meeting during a period of six days. A total of 49 separate sessions were held for the different working groups and committees. Canada strongly supports the concept and the importance of maintaining the quality of the standards in this important area of health care. The public worldwide should be grateful and reassured that the international dental community of dental associations, dental professionals, academics, scientists, and the commercial sector of dental industry through ISO, do have a very responsible approach to international standards in the dental field. This is indeed an impressive international collaborative effort, perhaps one which is little known to the membership of CDA and to the general public.

Canada has held the Secretariat of ISO/TC/106 sub committee #1 "Filling and Restorative Materials" for the past 19 years. The US hold the secretariat of Prosthodontic Materials, Germany holds the Secretariat of both Dental Instruments and Equipment, and the French hold the Secretariats of both Terminology and Dental implants. The ISO Dental Technical Committee has developed over 90 dental standards to date and is currently working on some 65 new or revised drafts of standards. An important committee is working on development of biocompatibility test methods for materials and devices.

A total of 6 active Working Groups are involved with developing standards for filling and restorative materials. This includes such subjects as endodontic materials, amalgam alloys, resin based filling materials, luting cements, bases and liners and resin based cements. A further 11 working groups are developing standards for prosthodontic materials. These are for dental ceramics, gold and base metal casting alloys, impression materials, resilient lining materials, denture base polymers, corrosion test methods, investments, polymer veneering and die materials, ceramic denture teeth, and dental wax. In addition a total of 9 Working Groups are involved with developing standards for Dental Instruments. These working groups are dealing with dimensions and number coding of rotary instruments, neck strength and cutting performance of burs, dental handpieces; classification, designation, requirements, dimensions and performance of dental hand instruments; root canal instruments as well as cartridges and syringes. A

total of 33 existing standards cover these instruments. A revision of the standards for dental handpieces, dental cartridge syringes, dental excavators, neck strength of high speed rotary instruments and dental air motors are being undertaken. Sub committee#3 which deals with terminology has the task of providing the necessary definitions and terms in French and English for use in the work of the other committees. A great number of terms have been adopted or are in the process of standardization for use by the various working groups.

A total of 8 Working groups are also dealing with developing standards for operating lights, the patient chair, the dental unit, operator's stool, amalgamators, dispensers, capsules, powered polymerization activators and suction equipment. Nine existing standards or draft standards have been produced covering these items.

The Canadian Dental Association have long recognized the importance of standardization of dental materials and devices. The close working relationship of the CDA committee on Dental Materials and Devices and the Canadian Advisory Committee to ISO/TC 106 has been well established for many years. The CDA are pleased to have been able to assist in the organization and hosting of this very important international meeting in Ottawa. This meeting would not have taken place were it not for the close understanding and excellent working relationship between the Chairman of the Canadian Advisory Committee to ISO/TC 106 (Dr. Derek Jones of Dalhousie University) and Brian Henderson and Mr. Richard McCoy of the CDA staff in Ottawa.

The CDA in serving its members as well as the general public are cognizant of the importance of dental standards. The importance of standards for dental materials can be measured by the fact that a very high proportion of the general public in an advanced country like Canada suffer at some time in their life from some form of dental disease which is one of the most common and universal health care problems in the world. Several thousand different dental materials, devices and equipment items are imported into or manufactured in Canada. It is extremely important for us to ensure that such materials used by our Canadian dental health professionals meet a minimum standard and are safe to use.

Canada's participation in standardization in the health-care field is extremely important, the public are increasingly concerned about the quality and safety of materials which are placed into their bodies. More than 450,000 medical device products in several thousand different product classes are known to be sold in Canada. Canada has a moral and an ethical responsibility to play a role in the development of international standards in this vital area. The recent Report of the Medical Devices Review Committee published in May 1992, draws attention to this need. The report states "The regulation of medical devices appears to be a low priority within the constellation of federal health and welfare programs."

Dental Biomaterials are materials that can be incorporated into the mouth to assist in the performance of essential functions without creating injurious side effects. They may be metals, polymers, ceramics or modified

natural materials and are frequently sophisticated composites involving these components.

Dental materials are distributed world-wide by many large companies, principally from countries such as Germany, United States, United Kingdom, and Japan. However, small countries from various parts of the world also produce dental products which may end up in Canada. The establishment of national and international standards will help to control and prevent importation of inferior products. Unfortunately Health and Welfare Canada do not currently possess the manpower and expertise in the dental field to adequately monitor this very important field. It is a sad fact that even in 1994 the vast majority of the Canadian public who will end up suffering from some form of dental disease and will require treatment with dental biomaterials, dental equipment, instruments and devices.

Canada and the United States, like most industrialized countries, have an aging population. According to Statistics Canada the population increase between now and the year 2001 will be only 11%. The over 65 years age group will increase by more than 25% and they will represent 14% of the population. More than 47% of the population will be over 40 and less than 25% of the population will be under 20. This aging population will place greater demands on the future needs for the use of dental biomaterials as replacements for natural tissues. The increasing number of survivors into old age already indicates a need for new and improved dental biomaterials to the end of this century and beyond. This situation will be reinforced because of a larger proportion of relatively healthy older people with increased physical activity who will make greater demands on cosmetic and reconstructive surgery and dental implants. The importance of standard specifications thus takes on an even greater significance.

A background paper to the National Science and Technology policy states, as a strategic direction, that "governments should ensure adequate support for the explicit mission of government in areas such as health, the environment and security." The utilization of dental biomaterials and devices in health care encompasses important therapies and procedures which improve the health and the quality of life for the patient. Canada has a very high quality of dental care recognized throughout the world for its excellence. However, Canada has also one of the highest per capita expenditures in health care costs in the world. This is reflected in the escalating costs of health care to the Provinces. We have an obligation to ensure that inferior sub-standard materials, devices and equipment are not used in our health care system as a means of reducing costs.

Canada through the Canadian Advisory Committee to ISO/TC 106, has played a leading role in the development of ISO standards for the past 20 years. It is very important that Canada continues to have a say in the development of these standards which have a direct impact on the quality of dentistry in Canada. It is the standards dealing with biological safety and performance and those standards dealing with implants which will become of great importance in the future. The Canadian Dental Association have now put in place a product recognition programme which is based upon compliance with national or international standards. The Canadian government clearly have an ethical and moral obligation to continue to

support participation in the drafting of international standards for dental materials, devices and equipment.

The participation of Canada in the work of ISO/TC 106 committee is highly valued for the technical and scientific expertise which we are able to bring to the committee, as well as the efficient administrative functions performed, however, Canada is also seen as providing a leadership role. The need to provide leadership and maintain a balance of fairness during the transition period of the single market in the EEC is important. Canada has a moral and an ethical responsibility to play a role in the vital area of international standardization of dental materials, equipment and devices. A report produced by the Medical Devices Review Committee "Direction for Change" published in May 1992, clearly underlined the need for additional funding to be made available to improve the medical device regulatory programme in Canada. The committee stated that "there is a need to clearly enunciate a policy for Canada's use and support for international medical device standards." The committee stated that "it was aware that harmonization of standards is an area of interest and activity around the world. It is an area where Canada must be strategic and timely if it is to contribute its scientific and technical expertise to the development of high-quality international standards." It was further stated that "the benefits of Canadian participation are also clearly a two-way street, by which Canadians can gain additional technical know-how through their participation."

The 30th meeting of the ISO/TC 106 in Ottawa was considered to be a great success, with much work accomplished towards the development of new and improved standard specifications. Mr. Kent Foster, Deputy Minister of Health of the Government of Canada, was present to bring words of welcome to the delegates he praised them for their dedication and hard work in this important health care activity.

The Canadian Advisory Committee to ISO/TC 106 are most grateful for the wonderful and generous financial support provided for the hosting of the international standards meeting in Ottawa, by the following dental companies; Ash Temple, Beaver Dental, Dentsply International, ESPE, GC America, Heraeus Kulzer, Ivoclar-Vivadent, SciCan, 3M Dental Canada, 3M Dental USA. These companies have set a fine example to the dental profession and the dental industry by their commitment and concern for this very important area of dental standards activity. In addition the Canadian Advisory Committee to ISO/TC 106 would like to place on record the excellent support and cooperation provided by the Canadian Dental Association in helping to host this meeting. Thanks are also due to the Federal Government, Standards Council Canada and the Canadian Standards Association.

COMMITTEE ON ETHICS

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Col. Morley Deyette, Chairman, Halifax
Dr. Brian Barrett, Charlottetown
Dr. Brian E. Leroy, Edmonton
Dr. Peter Lobb, Victoria

Executive Liaison: Dr. Tom Breneman, Brandon

Senior Staff: Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Ms. Martyne Giroux

1. Committee Meetings

One meeting of the Committee has taken place since the 1995 Interim Meeting of the Board of Governors. This meeting, utilizing a conference call, was held on May 16, 1995.

ITEMS REQUIRING BOARD ACTION

2. CDA Statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations

At its January, 1995 meeting, the Planning and Issues Coordinating Committee (PIC) requested that the existing statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations be reviewed by the Committee on Ethics, in light of CDA's most recent communication to the profession on dental amalgam, placing increased emphasis on informed consent.

The Committee reviewed this documentation as well as the draft CDA Statement on Dental Amalgam developed at the May, 1995 meeting of the Communications and Membership Committee.

The Committee was informed that Mr. Mark Richardson, researcher for Health Canada is currently reviewing the data and information related to the safety and efficacy of mercury-containing dental amalgam. Mr. Richardson's report is expected in mid-June.

Following review, it was agreed that the CDA Statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations required amendment to reflect current information.

The proposed statement emphasizes that dentists must not seek to profit financially by taking advantage of the ongoing review of the safety of amalgam, and presents circumstances under which dental amalgams may be removed.

The statement will be given a wide circulation to allow for comment prior to its presentation to the Board of Governors.

At the meeting, Governors were presented with revised and amended replacement statements for consideration. The existing and final revised statement are appended.

APPENDIX I

RESOLVED:

95.71 THAT the CDA Statement on the Ethical Considerations of the Replacement of Serviceable Amalgam Restorations be approved as amended, and;

THAT the previous statement adopted by Resolution 89.53 be rescinded.

ADOPTED

NOTE: That editorial changes be made to the Position Statement on Dental Amalgam, adopted by Resolution 95.64, to reflect amendments referenced in Resolution 95.71.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. Development of an Ethical Statement on the issue of "Adverse Reactions to Drugs and Dental Devices"

The American Dental Association's (ADA) Council on Ethics, By-Laws and Judicial Affairs (CEBJA) has developed a statement on the ethical obligation to report adverse reactions to drugs and dental devices.

The Committee on Consumer Products Recognition (CPR) is developing a form to be used by dentists to report incidents of this nature. The form would be completed by a dentist to include information on the patient, the adverse event or product problem, the suspected

medication(s) and the suspected medical device. The form would also include toll free numbers for Health Canada's Health Protection Branch (HPB) for dentists to report adverse reactions immediately.

It was agreed that it would be beneficial to develop a CDA Statement to guide dentists in meeting their ethical obligation to report an adverse reaction to drugs and dental devices. A draft statement is appended which will be circulated for input.

APPENDIX II

It is the Committee's intent to include a statement for approval in its report to the 1996 Interim Meeting of the CDA Board of Governors, which would coincide with the presentation for approval of the reporting form being developed by the CPR Committee.

4. CDA Statement on the Confidentiality of Patient Records

The Committee reviewed the current statements in the CDA Code of Ethics on confidentiality and patient records and discussed whether the current statements were sufficient to protect the patient and the dentist.

Corporate Members and licensing authorities have been requested to provide the Committee with their provincial jurisdiction's position on this matter. Comments have also been requested regarding the advisability of developing a more comprehensive statement on confidentiality.

The Committee will consider appropriate recommendations once this information has been reviewed.

5. Canadian Medical Association (CMA) - Code of Ethics

In March, 1995, the CMA's Committee on Ethics requested comments on a new draft version of its Code of Ethics. The Committee is currently reviewing this document and has commented favourably on the language used throughout.

The CDA Code as a communication tool could be enhanced considerably if it reflected current language. This will be discussed further at the Committee's next meeting.

6. **Code of Ethics**

CDA continues to receive favourable comments on the CDA Code and requests for additional copies.

7. The Committee would like to express thanks to Ms. Martyne Giroux and Mrs. Sandra Davis for their assistance and special thanks to Mr. Brian Henderson for his input regarding dental amalgam.

Respectfully submitted,

Col. Morley Deyette, Chairman
Committee on Ethics

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Ethics.

CURRENT
**STATEMENT ON THE ETHICAL CONSIDERATION OF THE REPLACEMENT
OF SERVICEABLE AMALGAM RESTORATIONS**

Preamble

CDA believes that the treatment recommendations of a dentist for a patient must be based on a sound foundation that reflects the scientifically based education and training acquired at the pre-doctoral level, and re-inforced through contemporary post-doctoral continuing education. A dentist has the responsibility to ensure that treatments recommended and/or performed reflect the standard of the profession - and that those treatments would bear the close scrutiny of peers.

The decision to recommend any treatment should be determined subsequent to a comprehensive oral examination that meets the health needs of a patient, and within the bounds of the clinical circumstances with which the patient presents.

The question of treatment involving the replacement of serviceable amalgam restorations must be clearly and thoroughly discussed with the patient prior to the delivery of those services. The patient must clearly understand that this treatment is not on the basis of a basic health need (with rare exceptions), but rather a perceived health need. Therefore, an informed consent may be difficult to obtain.

There are no definitive or case reports published in refereed scientific journals supporting the statements that dental amalgams are the cause of mercury toxicity. There is no data to suggest that the removal of amalgam restorations should be performed in an attempt to treat patients with non-specific chronic complaints. Indications are that certain cases of oral lichen planus may resolve or show significant improvement subsequent to the removal of adjacent amalgam restorations, and in those exceedingly rare circumstances whereby an individual may possibly exhibit a true sensitivity or allergy to mercury, those patients should be referred to specialists in allergy and dermatology for specific and appropriate testing to determine a diagnosis.

Statement

Based on current scientific research, knowledge, and professional standards, (noting the above rare exceptions), there is no reason why a patient should seek, or be counselled to have serviceable amalgam restorations removed on the basis of any possible or perceived health risk.

To recommend to a patient, or to the public, the removal of clinically serviceable amalgam restorations on basis of substituting a material that does not contain mercury, is unwarranted and unprofessional.

Approved by the Board of Governors

Canadian Dental Association

August, 1989

(Revised by the Committee on Dental Materials and Devices, 1990)

STATEMENT ON THE ETHICAL CONSIDERATIONS OF THE REPLACEMENT OF SERVICEABLE AMALGAM RESTORATIONS

Preamble

CDA believes that the treatment recommendations of a dentist for a patient must be based on a sound foundation that reflects the scientifically-based education and training acquired at the pre-doctoral level, and reinforced through contemporary post-doctoral continuing education. A dentist has the responsibility to ensure that treatments recommended and/or performed reflect the standard of the profession - and that those treatments would bear the close scrutiny of peers.

The decision to recommend any treatment should be determined subsequent to a comprehensive oral examination that meets the health needs of a patient, and within the bounds of the clinical circumstances with which the patient presents.

Dentists have an obligation to use approved devices and material in the best interests of patients. Health Protection Branch, Health Canada is responsible for the safety of medical devices and materials, including amalgam.

Current scientific consensus supports the position that amalgam does not contribute to illness. There is no data to suggest that the removal of amalgam restorations should be performed in an attempt to treat patients with non-specific chronic complaints.

The question of treatment involving the replacement of serviceable amalgam restorations must be clearly and thoroughly discussed with the patient prior to the delivery of those services. Patients who request replacement must be provided with sufficient information to understand the implications of their decision. When a health need, confirmed by medical advice indicates, or at the request of the patient following discussions of the implications, amalgam restorations may be replaced with a clinically acceptable material following a treatment schedule which is in the best interest of the patient's health.

Statement

Serviceable amalgam restorations should not be removed unless:

- a) the patient has a real, as distinct from a perceived health need, or
- b) the patient requests removal of serviceable amalgam restorations, and the dentist is assured that the patient has been provided with sufficient information to allow compliance with the patient's request.

Approved by
CDA Board of Governors
August, 1995

STATEMENT ON ADVERSE REACTIONS
TO DRUGS AND DENTAL DEVICES

A dentist who suspects the occurrence of an adverse reaction to a drug or dental device has an obligation to communicate this information to the broader medical and dental community. This information could best be reported using the "CDA Voluntary Reporting Form of Adverse Reactions to Drugs or Dental Devices". A reasonable suspicion of an adverse reaction is sufficient to trigger the dentist's obligation, as multiple reports of a suspected reaction to the same drug or device will help to identify those cases where an investigation is warranted. When justified, this information can then be conveyed to the broader medical and dental community through advisory statements by Health Canada's Health Protection Branch.

GOVERNMENT RELATIONS COMMITTEE

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Barry Dolman, Chairman, Montreal
Dr. Elizabeth MacSween, Ottawa
Dr. Ray Wenn, Charlottetown

Senior Staff: Mr. Jardine Neilson, Executive Director
Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Ms. Martyne Giroux

1. Committee Meetings and Activities

The Committee has not met since its last report to the 1995 Interim Meeting of the Board of Governors. The matters contained in this report have come to the Committee's attention through concerns of individual members, allied health organizations, or documentation indicating legislative or regulatory changes which have the potential to affect the profession.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Health Protection Branch (HPB) Cost Recovery and Client Fee Policy

HPB has reviewed its program in light of costs, and is considering revenue generation through cost recovery and client fees. An information letter was circulated, describing how the Branch plans to deal with the integration of cost recovery and its health and safety mandate.

Manufacturers of medical devices and dental manufacturers have expressed concern that they face additional developmental costs in this regard. The CDA Committee on Dental Materials and Devices will send a letter to the Medical Devices Bureau, supporting further study of the impact of introducing user fees.

3. Family Violence Initiative

On request of Health Canada, Programs and Services Branch, CDA provided input to the Family Violence Handbook for the Dental Community. The handbook recognizes the important role of the dental profession in the recognition and referral of suspected cases of family abuse. Dr. Elizabeth MacSween was responsible for reviewing this document on behalf of CDA. It will be available for distribution in May, 1995.

4. National Forum on Health

CDA continues to monitor the activities of the National Forum on Health (NFH). Ms. Marie Fortier, NFH Executive Director, has acknowledged CDA's interest and indicated that an invitation to participate will be forthcoming at an appropriate point in the Forum's activities.

5. Meeting with the Health Minister

On April 6, 1995, CDA Executive Director, Mr. Jardine Neilson and the Management Committee met with Health Minister Diane Marleau at the Health Canada headquarters in Ottawa. Minister Marleau commended CDA for its "Enough is Enough" campaign against the taxation of employer-paid dental plan premiums. The intent of the meeting with Minister Marleau was to further CDA's objective of fostering a positive working relationship between the association and federal government senior officials.

6. Dental Care - Canadian Forces Personnel

CDA was informed that a dental clinic in Dartmouth was requested to provide dental care to Canadian forces personnel at 75% of the fee guide. It was reported that this proposal was made by a representative of the Canadian Forces Dental Services (CFDS). CFDS has confirmed that it is not connected with this activity. However, Brig.-Gen. Lanctis, Director General, Dental Services, National Defence, has indicated that the CFDS is currently being reviewed with a view to minimizing costs associated with the delivery of dental services to members of the Canadian forces.

7. Pesticide-free Week

CDA has supported the organizers of Citizens for Alternatives to Pesticides (CAP) through promotion of a Canada-wide Pesticide-free Week, which was held on April 16-22, 1995. This information was published in the March-April edition of the CDA Communiqué. CAP approached numerous national health organizations to support its initiatives against the damaging effects of pesticides on health.

8. Tobacco Taxation

In February, 1995, CDA supported the National Campaign for Action on Tobacco's 1995 tax submission to Finance Minister Paul Martin. Other national organizations who supported the submission included the Canadian Council on Smoking and Health, Canadian Medical Association, Canadian Cancer Society, and the Lung Association. An extract of the CDA's policy on tobacco and health was included in this submission. The submission included recommendations on how to address some of the difficulties that caused the government to reduce tobacco taxes.

This action is consistent with CDA's recommendation to the House of Commons Finance Committee presented during the 1995 pre-budget consultations.

9. **Canadian Council on Smoking and Health (CCSH) - Youth Petition**

CDA endorsed the CCSH National Youth Petition. This petition was launched in Ottawa on January 9 during National Non-Smoking Week and was intended to educate Canada's young people on the dangers of smoking. Signatures were requested by youth up to and including the age of 20 for presentation to the House of Commons and/or provincial and territorial legislatures on World No-Tobacco Day, May 31, 1995. The CDA's name appeared in the list of organizations supporting the petition. The petition was distributed with the March-April edition of the CDA Communiqué.

10. **Canadian Coalition on Organ Donor Awareness (CCODA)**

CDA supported a public service announcement (psa), for use during organ donor awareness week, April 23-30, 1995 in collaboration with CCODA. This announcement was published as a full page add in the April edition of the CDA Journal. The psa was intended to enhance awareness of organ donation to the general public.

11. **Lobbyists Registration Act**

The Standing Committee on Industry has presented its recommendations concerning lobbyists in a report entitled "Rebuilding Trust". These recommendations are to amend Bill C-43, an Act to amend the Lobbyists Registration Act and to make related amendments to other Acts. Although additional reporting requirements will be required of CDA if the Committee's recommendations are accepted, they are less onerous than previous proposals considered by the Committee. CDA will be classified as an "organization lobbyist" under the proposed provisions. The third and final reading of Bill C-43 took place on May 8, 1995.

12. **Veterans Affairs Canada (VAC)**

A meeting was held on February 16, 1995 between CDA and VAC to discuss outstanding issues. At that time, VAC agreed to rewrite the "Provider Agreement" as "Benefit Provision and Payment Guidelines". All references to "registry/registered" will be removed, to reflect the new definition of a provider as one who chooses to submit claims for assigned benefits. It is VAC's position that these guidelines are applicable to those who participate in TAPS. CDA believes that this is subject to legal scrutiny and possible challenge. In addition, CDA does not agree with VAC on its right to audit. The courts may be required to decide this issue.

A meeting with VAC Deputy Minister, Mr. David Nicholson, was held on April 18, 1995, to discuss the three principal issues remaining, which are the provisions concerning audit, balanced-billing and application of the "Guidelines". Mr. Nicholson will review CDA's concerns with his staff on his return from overseas, mid-May. In the meantime, the guidelines have been put on hold.

13. **Confidentiality of Patient Records**

CDA President, Bryun Sigfstead has written to the Honourable Allan Rock, Minister of Justice on the CDA's concerns regarding the potential erosion of the confidentiality of patient records which include medical information. The CDA is concerned that existing and future legislation will allow further encroachment on medical records, without appropriate examination of the outcome and without sufficient public awareness.

The Privacy Commissioner of Canada, Mr. Bruce Phillips received a copy of this letter, and at his request, CDA identified two areas of audit activity within the federal government which potentially involve medical records, GST and VAC. CDA believes that the federal government should formally define the limits of audit with respect to all of its programs, including its sponsored health care delivery programs.

Mr. Phillips has requested the Policy, Planning and Compliance Branch of his office to make informal inquiries into this matter. He will comment further once the research is completed.

14. **Medical Services Branch (MSB)**

On February 10, 1995 a meeting was held between representatives of CDA and MSB, to exchange information on various matters concerning the provision of oral health to Canadian native people, and to address outstanding concerns relative to changes to the Non-Insured Health Benefits Program (NIHB).

a) **NIHB-Dent-29 Claim Form**

MSB indicated that reference to client financial responsibility is not acceptable to its clients. The NIHB-Dent-29 form will be reprinted without this information.

However, a statement requiring the patient's signature to release information was included. CDA has advised its members to obtain a statement acknowledging financial responsibility from patients and maintain it on file. In addition, this information should be discussed with the patient.

Completion of tooth chart information will continue to be a requirement for recall examinations. CDA was informed that MSB will monitor the need for this requirement since enhanced automation may negate this need in time. Since other plan administrators have automated tracking, CDA will continue its efforts with MSB on this matter.

The above information was included in a message to members in the March issue of the CDA Journal.

b) CDA Representatives - Standards of Care Working Group/Joint Task Force - MSB - Assembly of First Nations (AFN)

MSB continues its activities required to organize the Standards of Care Working Group and the Task Force - MSB/AFN. As indicated in previous reports, CDA will participate in these discussions.

In order to ensure continuity in consultation between MSB and CDA, Corporate Members have been asked to nominate candidates for an additional member on the MSB Sub-Committee.

The next CDA/MSB meeting is tentatively scheduled for July, 1995.

15. Working with Aboriginal Communities Workshop

CDA was invited by the Canadian Red Cross Society to participate in a workshop entitled "Working with Aboriginal Communities" which took place on March 1-2, 1995 in Ottawa. The Canadian Red Cross Society worked in collaboration with the National Association of Friendship Centres, with funding from the Child and Family Health Unit, Health Canada. Due to short notice, CDA was unable to send a representative, but has initiated its interest in any future activities of this nature.

16. **Mexican Initiatives - Professional Groups and the North American Free Trade Agreement (NAFTA)**

In April, CDA was contacted by an official of the Trade Policy Branch of Industry Canada on Mexican initiatives and professional organizations in relation to NAFTA.

The Mexican government has recently established fourteen committees which will deal with individual professions with the goal of furthering the objectives of NAFTA. Prior initiatives through Mexican universities and colleges have been judged not to have been completely successful and the government has established these new structures in order to reorganize its efforts. Industry Canada was requested by Mexican officials to identify national groups in Canada which regulate the professions and are concerned with licensing, to dialogue with these Committees. Industry Canada is aware that regulatory affairs for dentistry are under provincial mandate.

The Canadian Dental Association, the Commission on Dental Accreditation of Canada and the National Dental Examining Board of Canada have been identified as the appropriate national organizations. Corporate Members, the RCDS, the ODQ, the NDEB and the Federation of Registrars of Dental Licensing Authorities have been informed of this communication.

17. **Canadian International Development Agency (CIDA) Projects**

a) **CDA/Sierra Leone Dentistry Project**

A third grant of approximately \$55,000 was approved by CIDA for the Sierra Leone Dentistry Project. In June, 1995, Canadian representatives, Dr. James Lahey, Canadian Project Director, Ms. Beverly Brownlee, dental assistant, Dr. William Bedford and Mr. Ray Fisher, President, Nepean Outreach to the World will travel to Sierra Leone, to facilitate equipping dental clinics and initiating the implementation phase of the project. The project's main objective is to upgrade the skills of existing dental personnel in Sierra Leone, following the curriculum developed to train Canadian dental therapists at the National School of Dental Therapy. CDA gratefully acknowledges Ash Temple's generous donation to the project of used dental equipment with a value of \$95,000.

b) Egyptian Children's Dentistry Project

In March, 1995, Dr. Peter Pronych, Canadian Project Director, travelled to Cairo and Alexandria, Egypt for the second project site visit. The project, a Professional Association Linkage Program involving the CDA, CIDA and the Dental Department, Ministry of Health, Egypt proposes to expand and develop an incremental oral health care program for school children in three age groups. The focus on prevention has increased, and a sealant program has been incorporated.

18. Future Third Party Dental Plans

a) Health Benefits Coalition

The Health Benefits Coalition was formed prior to the 1995 budget to stop the federal government's intended tax on health and dental benefits. The Coalition includes representatives of the CDA, Canadian Hospital Association, Pharmaceutical Manufacturers Association of Canada, Life Underwriters Association of Canada, Canadian Federation of Independent Business and the Canadian Life and Health Insurance Association Inc. During the pre-budget consultations, the Coalition met with the Minister of Finance and the Minister of Health.

The Coalition is currently reviewing the equity issue as it relates to non-taxable health and dental benefits. A letter has been forwarded to the Finance Minister Paul Martin requesting an exploratory meeting to further define this issue.

b) Third Party Dental Plans Conference

CDA will hold a Third Party Dental Plans Conference in Toronto on June 23-24, 1995. The objective of the conference is to examine the broad range of pressures being placed on dental plans today, and to develop consensus on the position of organized dentistry on how they can best be addressed.

As future decisions on taxation will have an important influence on this matter, Mr. Samy Watson, Director, Personal Income Tax & Sales Tax Division, Department of Finance has been invited to participate or send a representative to the Conference. The Department of Finance has been asked to present its perspective on the equity issue as it relates to non-taxable health and dental benefits.

CDA has written to Finance Minister Paul Martin to reiterate its commitment to work with the Department of Finance to address the question of equity. Information on the conference was also provided to Mr. Martin.

APPENDIX I

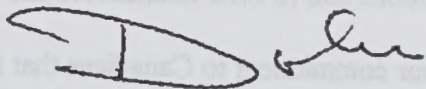
19. **Government Relations Dinner**

The 1995 Government Relations Dinner was held in Ottawa on April 7 at the Westin Hotel. The guest speaker for the evening was Senator Joyce Fairbairn, Leader of the Government in the Senate and Minister with Special Responsibility for Literacy.

Senator Fairbairn gave an informative talk on the issue of literacy and its impact on the practice of dentistry. She also touched on her role as the Leader of the Government in the Senate.

To express its appreciation to Senator Fairbairn, CDA has made a donation to the Movement for Canadian Literacy.

Respectfully submitted,



Barry Dolman, D.M.D.
Chairman, Government Relations Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Government Relations Committee as information.



May 24, 1995

The Honourable Paul Martin
Minister of Finance
L'Esplanade Laurier
140 O'Connor Street
21st Floor, East Tower
Ottawa, ON
K1A 0G5

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
PRESIDENT
CABINET
DU
PRÉSIDENT

Dear Minister Martin:

The 1994 federal budget confirmed that the voice of many thousands of Canadian dental patients, and the views of the Canadian Dental Association (CDA) and the health benefits industry, had been heard - health and dental plan premiums remain free of taxation. Please accept my sincere appreciation for the open access to government through the pre-budget consultation process, which you as Minister of Finance put in place, enabling Canadians, individually or through association, to present their positions and to offer alternatives and advice to government.

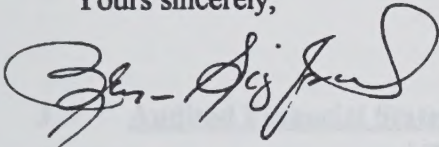
We recognize your commitment to Canadians that federal government tax policy be based on the principle of fairness. In meetings held with you and your staff, and in hearings before the Standing Committee on Finance, the government's concern about Canadians who do not have access to health and dental benefit plans and the associated tax benefits, was stressed. I wish to reiterate the commitment made to you in my letter of February 1, 1995, to work with the Department of Finance in an attempt to address the question of equity.

CDA will convene a national conference on the Future of Third Party Dental Plans in June of this year. The conference will examine a broad range of pressures being placed on dental plans today, and examine how they can best be addressed. We have invited officials of your department to participate by presenting the government perspective on the equity issue. In strategic terms, this may not be the most advantageous forum in which to work cooperatively toward solutions to the equity question. However, we do hope that it will provide further insight, and present opportunities for both government and the profession to expand their awareness of important influences which can impact on the future of private dental plan coverage, and thereby the oral health of Canadians.

...2

CDA awaits an invitation to participate in further discussion with you, your staff and your officials to explore more precisely the government's definition of equity, what will be a satisfactory achievement toward this goal, and the development of solutions.

Yours sincerely,



Bryun Sigfstead, D.D.S.
President

MANAGEMENT COMMITTEE

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Bryun Sigfstead, Edmonton, Chairman
Dr. James Brookfield, Kirkland Lake
Dr. Barry Dolman, Montreal
Mr. Jardine Neilson, Executive Director

Senior Staff: Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Mrs. Suzanne Burton

1. Committee Meetings

Since the 1995 Interim Meeting of the CDA Board of Governors, Management Committee has met twice - April 6 and June 8, 1995. In addition, Management Committee met by Conference Call on May 26, 1995 to discuss the ongoing consultation with the QDSA regarding a CDAnet agreement and to provide appropriate direction to the Chair of the CDAnet Committee.

Management Committee met with representatives of the Ontario Dental Association (March 24, 1995), the College of Dental Surgeons of B.C. (April 8, 1995), the American Dental Association (April 10, 1995) and the Order of Dentists of Quebec (May 30, 1995).

ITEMS REQUIRING BOARD ACTION

2. Audited Financial Statements - Canadian Dental Association

The audited financial statements for the CDA were reviewed by Management Committee. Statements are appended and explanatory notes are included for information. The audited financial statements include, for comparison purposes, the adjusted 1994 budget figures which were presented to Governors at the 1994 Interim Meeting. The appended documentation highlights and reviews changes in approved programming as it relates to the provisional 1994 budget approved by Governors in 1993.

APPENDIX I

CDA accounts for CDAnet and Convention funds separately within its internal financial statements. These funds are consolidated in the CDA audited statements, and explanatory information is contained in the supplementary notes.

RESOLVED:

95. 72 **THAT the Audited Financial Statements for the Canadian Dental Association for the year ending December 31, 1994, be approved.**

ADOPTED

3. **Audited Financial Statements - CDA Trusts**

At the 1994 Annual Meeting, Governors approved the dissolution of CDA trusts and the transfer of related funds to the Dentistry Canada Fund (DCF). Funds from the Grieve Memorial Lectureship Trust, the Canadian Dental Research Foundation, and the Library Trust Fund were transferred in accordance with the Board resolution. Audited financial statements for these trusts, which were previously approved by CDA, will be incorporated into DCF audited financial statements. These will form part of the reporting relationship between DCF and CDA.

4. **Payment of Loan - CDA Mortgage**

At the 1995 Interim Meeting, Governors were informed that a portion of the accumulated surplus in the reserve fund and surplus resulting from FDI WC'94 would be transferred to CDA following retention of approximately \$200,000 in the CDA Convention Reserve Fund. The funds transferred to CDA were to be applied to the financial objectives of paying down the loan on the CDA building, and establishing appropriate operating reserves.

Since that time, Management Committee has monitored and considered interest rates on investments, the interest being paid on the mortgage loan and the penalty for early payment of the loan in full. Taking all of these factors into consideration, Management Committee approved the payment in full of the residual principal of the loan taken out for \$1,500,000 in April, 1992, effective April 26, 1995. Management Committee's decision was ratified by the Executive Council at its June, 1995 meeting. The following recommendation is presented for Governors' ratification.

RESOLVED:

- 95.73 **THAT the outstanding principal of the loan against which the CDA building was mortgaged, with the Toronto Dominion Bank of \$1,061,000 and a \$10,000 penalty, be paid in full, effective April 26, 1995.**

ADOPTED

Although the mortgage loan amount owing has been paid, Management believed it prudent to maintain the "mortgage" on the building as protection against any future borrowing needs. Hence the mortgage was not discharged.

5. **Ad Hoc Committee - Protocol for Funding CDA Projects**

In 1994, Governors approved CDA's involvement and financial support of the dental care occupations labour market model. Following this approval, the Dental Human Resources Study Planning Group, representing the cooperating constituencies in the project, encountered some difficulty in reaching consensus on financial contributions to the project. Following resolution of these difficulties, the CDA was approached by its corporate member, the Manitoba Dental Association, with the suggestion that it use this experience as an opportunity to develop a protocol on how CDA projects of a similar nature be funded in the future.

Management Committee agreed that there were benefits to the development of a funding protocol applicable to CDA and its corporate members, and that an Ad Hoc Committee should be struck with this mandate. There are limited financial implications, as the Ad Hoc Committee will function through utilization of correspondence and conference calls. The committee will be chaired by one of the corporate member constituencies.

The following mandate was established by Management Committee:

- Defining the circumstances in which the funding protocol would be applied;
- Defining a protocol (process and formula) to enable each CDA corporate member to contribute to project expenses on a fair, equitable, and consistent basis;
- Consulting with CDA and CDA corporate members to assist in development of the protocol;
- Submitting a report to the CDA Executive Council.

RESOLVED:

95.74 THAT an Ad Hoc Committee on Project Funding Protocol be established.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**6. Financial Statement to March 31, 1995**

CDA financial statements for the period ending March 31, 1995, were reviewed by Management Committee. Revenue from active membership fees was \$518,875 below where it was expected to be at the time, due mainly to the fact that no fees had been received from the "mandatory" provinces as of the end of March. This also had an impact on Corporate and Licensing Body fee income which showed a negative variance of approximately \$22,000 and \$19,000 respectively. Management anticipates a dramatic change in these figures as payments are received from mandatory provinces, and also taking into consideration the increase in member numbers in the "voluntary" provinces.

Revenue from all other sources combined was approximately \$110,000 above what was expected by the end of March. The "other" non dues income area was responsible for some \$80,000 of this positive variance. Recovery of legal expenses relative to the lawsuit related to surplus management, accounts for \$70,000 of this positive variance. However, this income would likely be recorded as 1994 income given the conclusion of the matter that year.

Expenses in most areas were within budget. Management continues to monitor potential areas of concern, including the new projects area which houses expenditures for the taxation campaign which were incurred early in the year.

7. The 1996 Budget

The 1996 provisional budget presented to Governors at the 1995 Interim Meeting was reviewed by Management Committee. No adjustments were considered pending further examination at the 1995 Planning Session.

8. CDA/QDSA CDAnet Agreement

Discussions continue between CDA and QDSA on a CDAnet Agreement. Considerable progress has been made and Management is optimistic that all remaining concerns can be addressed.

9. 1996 Per Diem/Honoraria Rates

On recommendation of the Management Committee, the Executive Council has approved 1996 per diem and honoraria rates which reflect a 1% increase over the 1995 rates.

APPENDIX II

The Board-approved policy on CDA per diems and honoraria states that CPI should be utilized as a standard for determining annual adjustments. Management Committee considered this fact, along with its overall mandate to manage the resources of the Association. The CPI rose 1.38% as of April, 1995.

10. **CDA Staff**

At each meeting of Management Committee, the Executive Director presents a report outlining staff changes which may result from hiring, termination, maternity leave, promotions and internal transfers. The 1995 Planning Session will review human resource needs consistent with established priorities.

11. **CDA RSP Financial Statements**

The CDA RSP financial statements to May 31, 1995, were not available for review by Management Committee or Executive Council. Receipt of these statements is anticipated prior to the 1995 Annual Meeting and approval will be required in order that statements can be published as the CDA RSP annual report. As previously outlined to Governors, Management will approve the statements on behalf of the Executive Council. They will be presented for Governors' information at the 1996 Interim Meeting.

12. **CDA President Dinner - Sponsorship**

Warner-Lambert Canada will continue its sponsorship of the CDA President's Dinner in 1995. Warner-Lambert sponsorship will be recognized through announcements featured in upcoming issues of the CDA Journal. Members of the Board are once again asked to join with Management Committee in ensuring that Warner-Lambert representatives attending this function are given a warm welcome.

13. **Management of Dental Amalgam Issue**

Management reviewed the strategy for management of the dental amalgam issue and related correspondence and statements, which form part of the CDA messaging on this issue. Further information on this matter is found in the Communications and Membership Committee report.

14. Memorial Donations

Management Committee has approved memorial donations on behalf of the late Dr. Roland Vallée, former Dean of the Université Laval; Mr. Laval O'Leary, father-in-law of Executive Council member, Dr. Louis Dubé; Mrs. Emma Jean Thompson, mother of Dr. Gordon Thompson, Executive Director of the Alberta Dental Association; and Dr. Joseph Doiron, past president of the PEI Dental Association.

15. CDA Conventions

At the 1995 Interim Meeting, Governors were provided with information on venues for future CDA conventions and Executive Council's approval, in principle, of joint meetings with provincial dental associations, on a tri-annual basis in Montreal, Toronto and Vancouver. Following circulation of this information, interest has been expressed from other constituencies in hosting a future CDA convention. Management Committee directed the General Chairman of Conventions to prepare guidelines to be utilized in assessing future venues.

16. 1995 Membership Statistics

Membership statistics to May 1995, were reviewed by Management Committee. In Ontario, the number of licensed dentist members was 97.1% of the final total for 1994. In Quebec, the number of licensed dentist members was 100.7% of the final 1994 total.

The total number of licensed dentists in Ontario is 6,225, of which 3,426 are not members of CDA. In Quebec, the total number of licensed dentists is 3,591, of which 2,511 are not members of CDA.

17. Administrative Fee - CDA Membership Payment Options

Commencing in 1993, CDA offered membership fee payment options to new graduates. This practice was put in place for all CDA members in 1994, to be introduced at the time of the 1995 membership campaign. Management approved an annual administrative fee of \$18 to cover the costs associated with the new payment options. This fee is waived for new graduates.

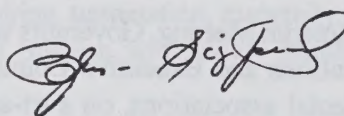
APPENDIX III**18. Corporate Hotel - 1996-97**

The Westin Hotel will continue as CDA's corporate hotel through 1996-97. The 1996 room rate has been confirmed at \$113 per night increasing to \$117 per night in 1997. The two-year agreement allows for a continuation of favourable rates and enhances CDA's ability to confirm future meeting dates and locations.

19. Cheque Registers - President-Elect's Audit

The Executive Director reviews monthly cheque registers, which detail disbursements of CDA. The President-Elect conducts audits of CDA disbursements on a random basis from time to time. The most recent audits included the area of FDI WC'94 and the taxation campaign. Cheque registers to May, 1995 have been reviewed and a report provided to Management Committee.

Respectfully submitted,



Bryun Sigfstead, D.D.S.
Chairman, Management Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Management Committee.

SUPPLEMENTARY NOTES TO THE 1994 AUDITED FINANCIAL STATEMENTS

These notes were prepared by staff and explain financial activity that may not be evident from the figures alone. Readers should note that while CDA keeps track of CDAnet and Convention funds separately in its internal statements, these funds are consolidated in the audited statements.

BALANCE SHEET (page 2 of the Audited Financial Statements)

ASSETS

Current

Cash and Short-Term Investments

Cash and short-term investments are normally high at year end as a result of the collection of membership dues for the coming year. In 1993, deposits and income collected for the 1994 FDI World Congress bolstered the year end cash position. In 1994, the surplus created by FDI '94 contributed to the higher cash figure. CDA strives to keep the equivalent of one months expenses in cash and to invest the balance.

Accounts Receivable

Receivables were up significantly over 1993. Many of the receivables were set up as a result of the year end accounting procedures. The majority of receivables were collected within 30 days of year end and appropriate action has been taken on all others.

Inventory

Inventory figures at year end reflect a build-up of stock for dental health month. The addition of Practice Management Books to items carried in inventory boosted this amount in 1994.

Pre-Paid Expenses

Pre-paid expenses were dramatically lower than the previous year and closer to normal levels. In 1993, \$537,028 of the \$664,327 represented expenses paid in advance for the 1994 FDI World Congress. In general, prepaid expenses consist of pre-paid postage,

funds set aside for the defined benefit pension plan for the Executive Director and contracts paid in 1994 which provide coverage or use in 1995, such as insurance premiums and equipment leases.

Capital

The decrease in the book value of Capital or Fixed Assets is a result of depreciation. A detailed breakdown of the fixed assets is included as part of the "formal" notes to the financial statements. (see page 6 of the Audited Financial Statements)

TRUST ASSETS

At the end of 1993, the assets of the Library Trust Fund and the Grieve Memorial Lectureship Fund were transferred to the Dentistry Canada Fund.

LIABILITIES

Current

Accounts Payable

Accounts payable at the end of 1994 were inflated by payables related to the 1994 FDI World Congress. Of the total, \$478,758 was related to the Congress and included several large items such as amounts owing to FDI and to the tour and audio-visual companies. Among the CDA payables were amounts related to the special grant to the DCF, printing charges for the Journal, audit fees, and art and design charges related to the Membership promotion material.

It should be noted that the majority of payables recorded in the statements were related to invoices received in 1995 that related to goods or services purchased in 1994 and as such were recorded as payable as at December 31, 1994. At the end of the year, none of CDA's obligations were more than 30 days old.

Deferred Revenue

Deferred revenue was much higher at the end of 1993 as a result of the 1994 FDI World Congress; close to a million dollars in revenue had been collected prior to that year end. The figure at the end of 1994 represents primarily membership fee income received in 1994 for the 1995 membership year. This amount includes the collection of student memberships for multiple years, a policy implemented in 1993. The deferred income figure also includes a modest amount of DAT income received in 1994 for the 1995 spring test

and CPR income collected in 1994 but applicable to 1995.

Current Portion of Long Term Debt

This amount reflects that portion of the mortgage principal payable within one year of the statement and is separated out according to accounting principles. Included in the amount is the \$150,000 of principal to be paid down as it was CDA's intention to exercise the option to pay down 10% of the original principal annually. The amount is larger than the previous year because the principal paid down with each subsequent payment is larger. It should be noted that at the time these statements were being prepared, Management was considering the option of paying down the mortgage in full in 1995 using surplus funds generated by the 1994 FDI World Congress.

Long Term Debt

This is the principal amount outstanding on the mortgage after accounting for the current portion. As noted in the statements, further information on the mortgage is contained in the formal notes to the audited statements.

EQUITY

Surplus

The Surplus, which may be referred to as Members' Equity or the Accumulated Surplus, is detailed in the Statement of Equity (page 3 of the Audited Financial Statements). More information on the Convention Reserve Fund and the CDAnet Fund is also detailed in the Statement of Equity.

TRUST EQUITY

As noted above, at the end of 1993, CDA transferred these funds to the DCF.

STATEMENT OF EQUITY (page 3 of the Audited Financial Statements)

This statement provides a further breakdown of information contained on the balance sheet. The Convention Reserve Fund and the CDAnet Fund are internally segregated accounts set up by the Association.

Surplus

The general surplus of the organization increased by \$656,628, the amount of the surplus in general operations in 1994. The appropriation from the Convention Reserve Fund is explained below. The appropriation to the CDAnet Fund, see below, is a result of CDA's decision to use the Association's share of royalties generated by CDAnet to reduce accumulated expense in the CDAnet Fund.

Convention Reserve Fund

In 1988, CDA set up a Convention Reserve Fund to help fund future Conventions. In 1994, the success of the 1994 FDI World Congress contributed \$1,585,031 to this fund. Management has concluded that this reserve fund need only contain approximately \$200,000 to serve as 'seed' money for future conventions. Consequently, \$1,600,000 of the accumulated surplus has been transferred to the CDA General Surplus account. The balance is currently greater than \$200,000 to allow for any outstanding claims related to the 1994 FDI World Congress and to allow for deferred income related to the 1995 Convention.

CDAnet Fund

With contractual agreements between CDA and participating provinces in place, CDA set up a fund in 1990 to track revenue and expenditures related to the CDAnet electronic data interchange project. Beginning in 1993, CDA also started to track expenses related to the CDAnet Plus program. In the audited statements, the developmental expenses are those initial expenses incurred by CDA between 1988 and 1991, inclusive. The cost to date of the CDAnet program has amounted to \$1,315,926, against revenue of \$157,342. For the CDAnet Plus program, costs are \$271,978, with no revenue yet recorded. The CDA continues to cover these expenses out of its reserves. Hence, the net expense of the program, \$1,430,562, is shown as a deficit or negative equity.

The following chart delineates the expenses for both the CDAnet and CDAnet Plus programs:

	CDAnet	CDAnet Plus	Combined
Meetings & Per Diems	\$353,287	\$42,432	\$396,719
Consulting	387,046	61,075	448,121
Legal	200,009	65,640	265,649
Printing & Promotion	84,997	29,145	114,142
Postage & Shipping	26,251	1,216	27,467
Telephone & Fax	26,231	3,479	29,710
Overhead	195,761	98,856	294,617
Miscellaneous	<u>42,342</u>	<u>(29,865)</u>	<u>12,477</u>
	\$1,315,926	\$271,978	\$1,587,904

STATEMENT OF REVENUE AND EXPENSES (page 4 of the Audited Financial Statements)

This statement summarizes the financial activity of the Association during the year. More detail is provided further on in the financial statements and supplementary notes. The bottom line shows a surplus of \$656,628, \$580,994 more than budgeted. There are several factors involved in this figure and these are explained in the notes below. However, certain out of the ordinary items bear mention here: the recovery of prior year legal expenses (\$115,093), the recovery of prior year GST expense (\$39,805) and, a transfer of overhead expense to the CDAnet program (\$140,000). These three items account for \$294,898 of the surplus.

As well, the surplus includes \$87,835 in CDAnet royalties that have in fact been appropriated and credited against the accumulated CDAnet debt.

NOTES TO THE FINANCIAL STATEMENTS (pages 5, 6 & 7 of the Audited Financial Statements)

The formal "Notes to the Financial Statements" are provided by the auditors to explain the methodology used in preparing the financial statements and to outline any significant accounting policies.

With regard to note 6, it should be noted that Management believes that because CDA is a non-profit organization providing membership services that are for the most part consistent and, further, that the majority of CDA revenue comes from annual membership fees which are used within the year to provide these services, the statement of changes in financial position is not a particularly useful management tool.

SCHEDULE OF REVENUE (page 8 of the Audited Financial Statements)

The schedule of revenue, and the subsequent schedule of expense, provides details not shown in the statement of revenue and expense on page 4 of the Audited Financial Statements. The totals, however, are the same.

FEES

Active Fees

Revenue derived from Active fees was up from 1993 primarily as a result of the increase in the membership fee which rose from \$410 to \$425. As well, the number of Active

members increased in 1994 over 1993, by 145. (For further information on the breakdown of membership fee income, see the schedule on page 11 of the Audited Financial Statements)

Affiliate Fees

Affiliate fee income was up just over \$30,000 from the previous year, partly due to the fee increase, but also representing an increase of 44 Affiliate members.

Supporting Fees

Supporting fee income was on budget and modestly ahead of 1993. There was an increase of 20 members.

Student Fees

Student fee income was down modestly from 1993 actual figures but close to budget. There were 1,550 student members, down 87 from last year. Student fee income includes fees from post-graduate student members; there were 165 post-graduate members in 1994.

Retired Fees

There was a slight increase in this category.

Corporate Fees

Corporate fee income was up, partly because of the fee increase, from \$10 to \$15, but also as a result of a payment from ODA related to prior years.

Licensing Body Grants

There was modest growth in the number of licensed dentists and hence in the Licensing Body Grants. Income fell below budget as a result of the decision to refund the \$2 increase to those 'provinces' that paid it.

FDI

Beginning in 1994, any income generated from the small surcharge levied on FDI individual memberships was netted against the related expense item found under the Corporate Affairs section.

NON DUES INCOME

Accreditation Surveys

This item includes income from college surveys, income collected from the ACFD towards university surveys, hospital surveys and a contribution by the National Dental Examining Board. There was a 3% increase in survey fees in 1994. As well, there was an increase in the number of hospital surveys.

Consumer Product Recognition

This item represents income from the seal of recognition program which in addition to toothpaste, toothbrushes and surgical gloves now includes sugarless chewing gum. In 1994, a record number of applications were processed, bringing the total number of products carrying the seal to 40. As a result, revenue exceeded budget by over \$152,000.

Dental Aptitude Test

This item represents fees charged for the DAT exam as well as income from the sale of additional test supplies. Income was up based on an increase in the number of applicants writing the test, 1,874 in 1994 compared to 1,763 in 1993. As well, the test fee was increased by \$5.00 in the fall of 1994.

Merchandise

This revenue is generated from a number of sources including Dental Awareness Program merchandise, pamphlet sales, Dental Health Month material sales and other merchandise offered for sale by CDA. In 1994, the Practice Management Binders were added to the product mix and this contributed to the increased revenue.

Library

Library income includes a grant from the Dentistry Canada Fund towards the operating expenses of the Library. Due to lower interest rates, the 1994 DCF grant fell slightly short of the 1993 grant. In 1993, the grant to CDA amounted to \$95,650, including \$31,650 that was directed to the Library Trust Fund. In 1994, the amount was \$87,400. The balance of the income in this area was generated from the sale of library services which, at \$23,601, was modestly below the amount from the previous year.

Conferences and Seminars

This item includes grants totalling \$21,000 received from the DCF toward the Teaching and Student Conferences, a surplus generated by CDA's Practice Management Seminars

and a \$50,000 administrative fee charged against the convention account.

Publications

Revenue from the sale of commercial advertising fell off sharply in 1994, down \$125,000. This was an experience shared by a number of similar publications as companies considered alternatives to this traditional method of advertising. Classified advertising was also down somewhat, but on a brighter note, subscription sales were up. It should be noted that 1994 was the first year in which CDA charged other internal departments for advertising in the Journal. This is very much just an internal transfer, but it did impact the Convention and CDAnet accounts.

Property

In 1993, the Canadian Medical Association, the largest tenant in the CDA headquarters building, benefited from a favourable lease agreement. In 1994, new rates took effect and the result was higher revenue.

CDAnet Royalties

This is CDA's share of CDAnet royalties in 1994. Readers will note that this amount has been appropriated from the surplus and credited to the CDAnet Development expense. Future budgets will reflect this transaction. CDA's share of royalty revenue is being tracked as Non-dues income starting in 1994. The 1993 figure was added for comparative purposes.

Interest

Improved cash flows helped to increase interest income in 1994 despite continuing modest interest rates.

Other Income

Other income consists of royalties received from the Affinity Card program, travel programs, mailing services, foreign exchange, provincial sales tax refunds, administrative fees, and other miscellaneous sources. Mailing services and foreign exchange accounted for most of the increase in 1994.

Recovery of prior year expenses

As a result of a Revenue Canada GST audit, CDA determined that it could apply a different input tax credit formula to its expenses and as a result submitted a claim against taxes paid in prior years. Also, through its Errors and Omissions Insurance, from CDSPI and from the CDIP surplus, CDA recovered a large portion of the legal fees incurred in relation to the QDSA CDIP lawsuit.

SCHEDULE OF EXPENSES (pages 9 & 10 of the Audited Financial Statements)

Kindly note that in those areas where there was little change in financial activity, no explanatory notes are provided. Also, readers should be aware that where possible expenses are recorded by project area. However, in some cases it is not considered cost effective to break out expenses and therefore, general overhead expenses including staff costs are not prorated by project area but instead are recorded as an "administration expense".

CORPORATE AFFAIRS

Board of Governors

Board of Governors expense was lower than the previous year because of the two - one day meeting format which reduced travel, accommodation and per diem expenses. As well, the cost of the Vancouver meeting was not as high as staff expected.

Executive Council

Executive Council regular meeting expense were actually very close to budget. The increase in total expense over the previous year was due to consulting expense related to the planning session.

Management Committee

This item includes the cost of regular committee meetings, honoraria payments and grants and donations, including a \$20,000 grant, and a special one time grant of \$50,000 towards CDA's 100th anniversary celebration, to the DCF. Regular meeting costs were modestly up over 1993 but were below budget.

President's Expenses

President's expenses were down primarily due to lower travel and accommodation costs. The cost of the President's Installation Dinner is also charged to this account and the net cost of this event was significantly lower in 1994 as a result of sponsorship.

Constitution and By-Laws

No comment.

FDI

This item represents the corporate fee paid to FDI, \$21,566 in 1994 compared to \$24,853 in 1993. In 1994, this item also includes the cost of CDA staff and management attending the 1994 FDI World Congress in Vancouver. And this item also includes the net cost, or in this case net revenue, to CDA after collecting individual FDI membership fees on behalf of FDI.

Intercorporate Relations

This item represents the Executive Director's travel related to corporate member activities and also includes costs related to CDA's participation in the Secretaries Conference. Costs are very much a reflection of activity.

Nominations

Expenses are largely impacted by the number of award recipients as CDA funds their attendance to the annual presentation ceremonies.

New Projects

This is a budget item included each year to allow Executive Council and Management some discretion to deal with issues that arise during the year. In 1994, this line item was used to track expenses related to the Dental Human Resources Study, the Issues and Priorities Coordinating Committee, the Ad-Hoc Committee on Standards of Care and the Taxation of Dental Plan Premiums Campaign.

PROFESSIONAL SERVICES

Accreditation

This item includes Commission and related committee expenses, as well as the cost of

conducting surveys. Expenses related to meetings and Commission activity were up approximately \$10,000 from 1993 primarily because of heavy translation costs incurred in 1994. Survey costs, specifically College survey expense, was down \$20,000 from 1993 due to the survey schedule.

Consumer Product Recognition

Expenses were below budget, primarily as a result of lower travel costs.

Dental Aptitude Test Program

Expenses include the cost of running the DAT program as well as related committee expenses. Program expenses were consistent with the previous year. Moving grading sessions to weekends resulted in Committee expenses being lower than expected.

Dental Materials and Devices

Meeting costs were higher than expected.

Dental Specialties

This committee was disbanded in 1993; expenses were related to CDA hosting a meeting of the specialty sections at the time of the Annual Board of Governors meeting.

Education

This line item includes the Council on Education as well as expenses related to the Teaching Conference. Expenses were modestly over budget; they increased from 1993 primarily as a result of higher Teaching Conference costs which were in part offset by related revenue.

Ethics

No comment.

Community & Institutional Dentistry

Costs were lower than expected. In 1993 this item contained some expenses related to the Hazardous Waste Disposal Guide.

MEMBER SERVICES

Government Relations

Expenses in this area, which includes the Medical Services Branch Committee, are related to lobbying and other liaison activities. There was little formal meeting activity; the bulk of the expense was related to work done in relation to the Veterans Affairs program, including the cost of related mailings.

Information Services

Information Services is made up of several component expenses including the Dental Awareness and Dental Health Month Programs. This area also includes the inventory expense of merchandise sold in both of these programs, the net amount of the DAP "special projects" which are corporately funded program initiatives, the Practice Management Program and Committee expenses. Committee expenses were up rather significantly over the previous year primarily as a result of consulting costs. Expense in the DAP area was down \$35,000 from 1993. The Special Projects area ended the year in the black, with a small surplus of \$1,000. Dental Health Month expenses were on budget. Merchandise production expense was down about \$10,000, but sales and promotion costs were higher than previous years. Practice Management Program costs were higher than expected. The cost of providing general information services was up just under \$20,000 over 1993.

Insurance and Investment

Expenses related to CDA administration of the CDIP and CDA RSP are being tracked and charged to this account. These expenses were lower than budgeted. Legal expenses related to the QDSA lawsuit were charged to this account as well; they amounted to \$42,549 in 1994.

Membership

Membership promotion was again a high priority in 1994 and accordingly the budget reflected this. Actual expense rose above budget primarily due to higher than expected printing costs and a decision to proceed with some market research. In general, expenses relate to the "speaker tours", where the President or his designate attend various local society meetings to discuss CDA activities and to the brochures and other publications related to membership promotion. Expenses also included consulting fees related to CDA's membership marketing strategy.

Publications

This item includes expenses related to the Journal including both production and sales expenses, the Communique, the Annual Review and President's letters. Expenses in total were up from the previous year primarily due to the fact that CDA published more issues of the Communique and more President's letters. As well, Journal production costs were up but this was matched by a reduction in sales expense. Excluding overhead costs, the Journal operated with a net surplus; expenses were \$750,823, against revenue of \$756,243.

Student Affairs

This item includes Committee expenses, student membership promotion expenses and expenses related to the Student Conference in 1994. Also included are costs related to the 'Grad Binder' which is a collection of policy statements and an outline of programs and services used for promotional purposes. The budget provided for an improved 'Grad-Binder' and recognized higher meeting costs related to the Student Council meeting held at the time of the 1994 FDI World Congress. As well, the timing of the production of the 1995 Grad Binder was moved up in consideration of promotions related to the Practice Management Program.

Taxation

Taxation Committee expenses were up as expected over 1993. Work related to the development of an associate agreement, primarily in legal fees, contributed to the higher costs. Expenses related to the Campaign Against the Taxation of Dental Plan Premiums were tracked under New Projects, as noted above.

Third Party Plans

Third Party Committee expenses were on par with last year. Meeting costs were below budget.

Library

Library expenses, that is those expenses directly related to Library activities but exclusive of overhead, were close to budget in 1994. Costs were much higher in 1994 as expenses related to the acquisition of books and the purchase of subscriptions were tracked in this account. In prior years, these expenses were paid out of the Library Trust Fund, which as noted earlier was folded into the DCF.

ADMINISTRATION

Staff

Staff expense includes staff salaries, benefits, travel, training, temporary staff and other related expense items. CDA added one person to the staff and also utilized more part-time and temporary personnel in 1994 to handle work related to the 1994 FDI World Congress, the Practice Management Program and an enhanced government relations program. Merit increases for existing staff averaged 2% with some staff receiving salary adjustments postponed from prior years. Also contributing to higher costs were severance payments, the temporary duplication of positions for training purposes (related to maternity leaves) and increased benefit costs including a 19% increase in the health and dental plan.

It should also be noted that CDA adopted a new accounting policy in 1994 wherein vacation and overtime credits were accrued to the year in which they were earned. This accounts for approximately \$50,000 of the difference between 1994 and 1993 expense.

Operations

Operations expense includes telephone charges, office equipment, insurance, stationary and other overhead expenses. Expense was well below the previous year, and budget, for three reasons. First, a change in accounting for GST which reduced expenses by approximately \$100,000. Second, certain equipment and furniture purchases were postponed. And third, a switch to a new telephone service saved money.

Property

Property expense in 1994 was held below budget and increased only slightly over 1993 costs. Depreciation expense of \$166,600 and mortgage interest expense of \$110,867 are included in this item.

Recovery from CDAnet Fund

An internal charge or transfer of \$140,000 was levied against the CDAnet account, representing a proportional share of overhead expenses. This practice began in 1993.

SCHEDULE OF MEMBERSHIP BY PROVINCE (page 11 of the Audited Financial Statements)

This section of the statements is provided for information and represents a record of membership fees received by CDA during the year. Figures are not always devisable by the current year's fee because of previous year payments recorded in the current year, partial payments or foreign exchange.

1	Balance Sheet
2	Statement of Equity
3	Statement of Financial Position
4	Statement of Financial Position
5	Statement of Financial Position
6	Statement of Financial Position
7	Statement of Financial Position
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9	Statement of Financial Position
10	Statement of Financial Position
11	Statement of Financial Position

SCHEDULE OF MEMBERSHIP BY PROVINCE (page 11 of the Audited Financial Statements)

This section of the statements is provided for information and represents a record of membership fees received by CDA during the year. Figures are not always divisible by the current year's fee. CDA's membership is divided into three categories: Regular, Life and Honorary. Regular membership is open to all dentists who are members of the Royal College of Dentists of Canada (RCDC) and who are also members of the Canadian Dental Association (CDA). Life membership is open to dentists who have been members of the CDA for at least 10 years and who have paid a one-time fee of \$10,000. Honorary membership is open to dentists who have made significant contributions to the dental profession. The following table shows the number of members in each category for each province and the total for each year.

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 1994

Operations include telephone charges, office equipment, insurance, salaries and other overhead expenses. Expenses were higher than the previous year, and budget, for three reasons. First, a change in accounting for GST which reduced expenses by approximately \$100,000. Second, certain equipment and furniture purchases were capitalised. And third, a switch to a new telephone service saved money.

Property

Property consists of 1994 and had below budget and increased only slightly over 1993. Depreciation expense of \$100,000 and mortgage interest expense of \$110,000 are included in this item.

Recovery from CDA Fund

An interest charge or transfer of \$140,000 was levied against the CDA Fund account, representing a proportionate share of overhead expenses. This practice began in 1993.

CANADIAN DENTAL ASSOCIATION
INDEX TO FINANCIAL STATEMENTS

DECEMBER 31, 1994

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2	Balance Sheet
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4	Statement of Revenue and Expenses
5, 6 & 7	Notes to Financial Statements
8	Schedule of Revenue Fees Non-dues
9	Schedule of Expenses Corporate Affairs Professional Services
10	Schedule of Expenses Member Services Administration
11	Schedule of Membership Revenue by Province

McCAY, DUFF & COMPANY

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AUDITORS' REPORT

To the Members of
Canadian Dental Association.

We have audited the balance sheet of the Canadian Dental Association as at December 31, 1994 and the statements of revenue and expenses and equity for the year then ended. These financial statements are the responsibility of the association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 1994 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

McCay, Duff & Co.

Chartered Accountants.

Ottawa, Ontario,
March 10, 1995.

CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

AS AT DECEMBER 31, 1994

	ASSETS	1994	1993
CURRENT			
Cash and short-term investments		\$3,520,836	\$2,152,089
Accounts receivable		617,602	369,951
Inventory		176,976	109,199
Prepaid expenses		165,609	664,327
		4,481,023	3,295,566
CAPITAL (note 3)		2,223,658	2,308,840
		<u>6,704,681</u>	<u>5,604,406</u>
	TRUST ASSETS		
Cash		-	21,872
Accounts receivable		-	1,400
Prepaid expenses		-	17,855
		-	41,127
		<u>\$6,704,681</u>	<u>\$5,645,533</u>
	LIABILITIES		
CURRENT			
Accounts payable		\$1,138,210	\$ 409,354
Deferred revenue		946,117	2,114,031
Current portion of long-term debt		231,155	204,070
		2,315,482	2,727,455
LONG-TERM DEBT (note 4)		857,066	1,091,746
		3,172,548	3,819,201
	EQUITY		
Surplus		4,604,346	2,434,853
Convention Reserve Fund		358,349	373,318
CDAnet Fund (deficit)		(1,430,562)	(1,022,966)
		3,532,133	1,785,205
	TRUST EQUITY		
Library Trust Fund (note 5)		-	22,771
The Grieve Memorial Lectureship Fund (note 5)		-	18,356
		-	41,127
		<u>\$6,704,681</u>	<u>\$5,645,533</u>

Approved on behalf of the Board:

President_____
Executive Director

CANADIAN DENTAL ASSOCIATION

STATEMENT OF EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1994

	<u>1994</u>	<u>1993</u>
SURPLUS		
BALANCE - BEGINNING OF YEAR	\$2,434,853	\$1,582,527
Net revenue for the year	656,628	900,198
Appropriation from Convention Reserve Fund	1,600,000	-
Appropriation to CDAnet Fund	(87,135)	(47,872)
BALANCE - END OF YEAR	<u>\$4,604,346</u>	<u>\$2,434,853</u>
CONVENTION RESERVE FUND		
BALANCE - BEGINNING OF YEAR	\$ 373,318	\$ 252,676
Convention revenue	5,990,217	1,069,872
Convention expenses	(4,405,186)	(949,230)
Net convention revenue for the year	1,585,031	120,642
Appropriation to surplus	(1,600,000)	-
BALANCE - END OF YEAR	<u>\$ 358,349</u>	<u>\$ 373,318</u>
CDAnet FUND		
DEVELOPMENTAL		
BALANCE - BEGINNING OF YEAR	(\$ 666,237)	(\$ 714,109)
Appropriation from surplus	87,135	47,872
BALANCE - END OF YEAR	(579,102)	(666,237)
OPERATIONAL		
BALANCE - BEGINNING OF YEAR	(356,729)	(146,782)
Current year revenue	175,353	95,745
Current year expenses	(670,084)	(305,692)
BALANCE - END OF YEAR	(851,460)	(356,729)
TOTAL DEFICIT - END OF YEAR	<u>(\$1,430,562)</u>	<u>(\$1,022,966)</u>

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1994

	1994		1993
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
REVENUE			
Fees (Page 8)	\$4,238,609	\$4,341,949	\$4,069,743
Non-dues (Page 8)	<u>1,934,874</u>	<u>2,407,527</u>	<u>2,225,624</u>
	6,173,483	6,749,476	6,295,367
EXPENSES			
Corporate Affairs (Page 9)	661,110	940,050	586,012
Professional Services (Page 9)	404,975	331,285	330,355
Member Services (Page 10)	1,709,214	1,732,064	1,571,994
Administration (Page 10)	<u>3,322,550</u>	<u>3,089,449</u>	<u>2,906,808</u>
	6,097,849	6,092,848	5,395,169
NET REVENUE FOR THE YEAR	<u>\$ 75,634</u>	<u>\$ 656,628</u>	<u>\$ 900,198</u>

CANADIAN DENTAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1994

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

Revenue and expenses are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

(b) Inventory

Inventory is stated at the lower of cost and net realizable value.

(c) Amortization

All major capital asset expenditures are capitalized and amortized while minor capital asset expenditures are expensed in the year of acquisition.

Amortization is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 10 years
Furniture and equipment	- 10 years
Data processing equipment	- 3 years

(d) Executive Pension Plan

The initial contribution made to the defined contribution pension plan is included in prepaid expenses and is being amortized on a straight line basis over six years.

2. CDAnet FUND

Since 1989, the Association has been developing an electronic data interchange program referred to as CDAnet. During 1990, the Association entered into contractual commitments with several provincial dental associations in connection with the distribution of income generated by the CDAnet program. A term of this agreement allows for the Association to recover its developmental and operating costs relating to CDAnet. In the event the operating costs become unrecoverable, they would be absorbed by the surplus account. In 1993, the Association added the CDAnet Plus program and expenses are being accounted for in a similar fashion.

CANADIAN DENTAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1994

3. CAPITAL ASSETS

	1994			1993
	Cost	Accumulated Amortization	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	2,020,935	923,457	1,097,478	1,183,358
Building improvements	910,120	168,706	741,414	743,858
Furniture and equipment	425,188	181,537	243,651	286,169
Data processing equipment	68,490	22,830	45,660	-
Chain of office	12,540	-	12,540	12,540
	<u>\$3,520,188</u>	<u>\$1,296,530</u>	<u>\$2,223,658</u>	<u>\$2,308,840</u>

The amortization expenses in 1994 amounted to \$188,529 (\$180,814 in 1993). The cost of additions during the year amounted to \$103,347.

4. LONG-TERM DEBT

	1994	1993
Mortgage, payable \$14,038 monthly, including interest at 9.75%, maturing April 27, 1997, secured by land and building	\$1,088,221	\$1,295,816
Current portion	<u>231,155</u>	<u>204,070</u>
	<u>\$ 857,066</u>	<u>\$1,091,746</u>

The Association has the option to pay down the balance by \$150,000 on each anniversary date. The intended principal payments in the next three years are as follows:

1995	\$231,155
1996	\$253,250
1997	\$603,816

5. TRUST ASSETS AND EQUITY

Effective January 1, 1994, the Canadian Dental Association Library Trust Fund and Grieve Memorial Lectureship Fund were amalgamated with Dentistry Canada Fund to form a single charity. The Canadian Dental Association no longer administers these funds and as a result, their operations are not reflected in these financial statements.

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1994

6. STATEMENT OF CHANGES IN FINANCIAL POSITION

Under generally accepted accounting principles, a statement of changes in financial position forms a part of the financial statements of an organization. In the case of the Association, it would not provide additional useful information and consequently management is of the opinion it need not be included.

7. COMMITMENT

The Association has committed to annual lease payments for equipment and services of approximately \$40,000.

8. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform with current financial statement presentation.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1994

	1994		1993
	Budget	Actual	Actual
FEES			
Active	\$3,367,700	\$3,432,089	\$3,250,047
Affiliate	328,100	347,075	316,998
Supporting	15,087	19,762	14,836
Student	43,850	44,320	48,422
Retired	10,944	11,794	10,554
Corporate	162,570	186,782	132,306
Licensing body	310,358	300,127	293,230
F.D.I.	-	-	3,350
	<u>\$4,238,609</u>	<u>\$4,341,949</u>	<u>\$4,069,743</u>
NON-DUES			
Accreditation surveys	\$ 98,388	\$ 103,337	\$ 90,991
Consumer product recognition	85,000	237,188	111,381
D.A.T.	316,750	385,737	356,347
D.A.P. Merchandise	225,000	231,549	177,416
Library	147,500	111,001	91,668
Conferences and seminars	71,000	90,682	70,535
Publications	797,000	772,243	818,084
Property	108,736	112,825	81,767
CDAnet royalties	-	87,135	47,872
Interest	44,000	76,915	45,634
Other	41,500	44,017	36,538
	1,934,874	2,252,629	1,928,233
Recovery of Prior Year's Expenses			
Goods and Services Tax	-	39,805	72,290
Legal representation concerning CDIP	-	115,093	225,101
	<u>\$1,934,874</u>	<u>\$2,407,527</u>	<u>\$2,225,624</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1994

	<u>1994</u>		<u>1993</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
CORPORATE AFFAIRS			
Board of Governors	\$141,857	\$117,728	\$128,231
Executive Council	116,252	129,779	115,079
Management Committee	186,170	228,918	183,432
President's expenses	83,194	67,197	90,483
Constitution and by-laws	1,600	880	808
F.D.I.	28,500	49,232	24,853
Intercompany relations	35,440	34,828	31,682
Nominations	18,097	16,062	11,444
New projects	50,000	-	-
- Human resources study	-	62,549	-
- Issues and priorities	-	5,526	-
- Standards of care	-	4,590	-
- Taxation campaign	-	222,761	-
	<u>\$661,110</u>	<u>\$940,050</u>	<u>\$586,012</u>
PROFESSIONAL SERVICES			
Accreditation	\$156,925	\$119,112	\$127,961
Consumer product recognition	17,500	13,759	17,576
D.A.T.	159,400	128,173	123,411
Dental materials and devices	10,400	13,660	7,973
Dental specialties	1,000	756	569
Education	36,150	38,774	33,497
Ethics	2,000	66	34
Community and institutional dentistry	<u>21,600</u>	<u>16,985</u>	<u>19,334</u>
	<u>\$404,975</u>	<u>\$331,285</u>	<u>\$330,355</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1994

	1994		1993
	Budget	Actual	Actual
MEMBER SERVICES			
Government relations	\$ 12,496	\$ 22,271	\$ 8,721
Information services	379,154	342,184	310,380
Insurance and investments	61,000	48,341	143,853
Membership	170,000	201,676	135,864
Publications	883,588	914,546	832,992
Student affairs	89,490	90,348	63,718
Taxation	11,400	12,936	7,179
Third party	30,217	26,979	24,247
Library	71,869	72,783	45,040
	<u>\$1,709,214</u>	<u>\$1,732,064</u>	<u>\$1,571,994</u>
ADMINISTRATION			
Staff	\$2,151,950	\$2,254,463	\$1,971,934
Operations	581,200	419,386	524,851
Property	589,400	555,600	540,023
	3,322,550	3,229,449	3,036,808
Less: Recovery from CDAnet Fund	-	140,000	130,000
	<u>\$3,322,550</u>	<u>\$3,089,449</u>	<u>\$2,906,808</u>

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF MEMBERSHIP REVENUE BY PROVINCE

FOR THE YEAR ENDED DECEMBER 31, 1994

	Active	Affiliate	Support- ing	Student	Retired	Corporate	Licensing Body
Nfld.	\$ 60,775	\$ -	\$ 213	\$ -	\$ -	\$ 2,220	\$ 2,960
P.E.I.	18,715	-	-	-	-	720	960
N.S.	181,475	-	637	2,550	425	6,420	8,580
N.B.	98,175	-	-	25	-	3,720	4,960
Que.	221,791	187,239	1,275	14,225	2,338	21,645	64,000
Ont.	988,030	151,620	9,988	14,650	5,312	81,105	124,000
Man.	216,750	-	-	2,600	213	7,838	10,450
Sask.	141,148	-	-	2,520	106	5,397	7,197
Alta.	578,093	-	-	3,200	850	22,662	30,280
B.C.	927,137	-	1,062	4,025	2,231	35,055	46,740
Other	-	8,216	6,587	525	319	-	-
	<u>\$3,432,089</u>	<u>\$347,075</u>	<u>\$19,762</u>	<u>\$44,320</u>	<u>\$11,794</u>	<u>\$186,782</u>	<u>\$300,127</u>

FOR THE YEAR ENDED DECEMBER 31, 1993

	Active	Affiliate	Support- ing	Student	Retired	Corporate	Licensing Body
Nfld.	\$ 54,940	\$ -	\$ 205	\$ 50	\$ 308	\$ 1,680	\$ 2,800
P.E.I.	18,450	-	-	-	-	588	980
N.S.	174,250	-	205	3,525	103	5,148	8,580
N.B.	96,350	-	-	-	103	3,000	5,000
Que.	218,913	181,323	1,640	17,075	2,153	19,140	63,000
Ont.	944,242	123,527	5,970	11,700	4,920	47,868	121,400
Man.	205,820	-	-	3,175	308	6,198	10,330
Sask.	134,890	-	-	3,213	-	4,284	7,140
Alta.	562,103	-	-	3,575	820	17,412	29,020
B.C.	840,089	-	205	5,284	1,025	26,988	44,980
Other	-	12,148	6,611	825	814	-	-
	<u>\$3,250,047</u>	<u>\$316,998</u>	<u>\$14,836</u>	<u>\$48,422</u>	<u>\$10,554</u>	<u>\$132,306</u>	<u>\$293,230</u>

1996 Per Diem and Honoraria Rates

The honoraria rates for 1996 will be as follows:

President:	\$49,256
President-Elect:	\$24,628
Vice-President:	\$24,628

The per diem rates for 1996 will be as follows:

	President, Past-President President-Elect Vice-President <u>Chairman of the Board</u>		Executive Council		Council/Commission/ Committee Chairman, Presidential Appointees	
	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>	<u>Full</u>	<u>Half</u>
<u>Meeting Days</u>						
Mon. to Fri.	885	443	618	309	412	206
Sat. - Sun.	443	222	309	155	206	103
<u>Travel Days</u>						
Mon. to Fri.	885	443	618	309	412	206
Sat. - Sun.	0	0	0	0	0	0

HAVE YOU HEARD?



CDA offers 3 convenient membership payment options

1. Spread your 1995 annual fee over 12 small monthly payments on Visa or Mastercard.

2. Select CDA's automatic chequing account withdrawal plan. No monthly cheques to write and no hassle.

Your payments for either CDA's monthly credit card payment option or automatic cheque withdrawal plan would begin January 1, 1995 and end December 31, 1995. A small administration fee applies.

$\$425.00 + \$18.00 \text{ administration fee} \div 12 \text{ months}$

$= \$36.92 \text{ per month}$

or

3. Remit your 1995 CDA membership fee in three monthly instalments. The first payment of \$140.00 is due January 1, 1995, the second payment is due February 1, 1995 and the final payment of \$145.00 should be dated March 1, 1995. No administration fee applies.

SELECT THE PAYMENT OPTION THAT IS RIGHT FOR YOU :

- ☐ **1.** Credit card monthly payment plan
- ☐ **2.** Automatic chequing account payment plan
- ☐ **3.** Three month instalment plan

JOIN CDA TODAY!

If selecting option 1 or 2, please complete the automatic payment authorization on the reverse of this page and return with your CDA membership renewal form

COMMITTEE ON NOMINATIONS AND AWARDS

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Barry Dolman, Montréal - Chairman Dr. Les Allen, Winnipeg Dr. Bernard Dolansky, Ottawa Dr. Raymond Wenn, Charlottetown
Senior Staff:	Mr. Jardine Neilson, Executive Director Mrs. Sandra Davis, Manager - Corporate Affairs
Coordinator:	Ms. Martyne Giroux

Committee Meetings

Since the October 1994 Annual Meeting of the Board of Governors, the Committee on Nominations and Awards met on April 28, 1995, in Ottawa.

ITEMS REQUIRING BOARD ACTION

1. Elective Offices and Vacancies

Solicitation of nominations for elective offices and vacancies was conducted in accordance with the By-Laws and terms of reference of the Committee. All elective offices and vacancies for the 1995-96 term have been filled by eligible nominees. A nomination from the floor is required to fill a vacancy on the Committee on Nominations and Awards.

RESOLVED:

95.75 **THAT Dr. Bryun Sigfstead be appointed to fill the vacancy on the Committee on Nominations and Awards.**

ADOPTED

Elections will be held during the Annual Meeting of the Board of Governors in Ottawa, Ontario, August 25-26, 1995. Elections will be required as indicated in the appended table. The list of nominees with biographical information is appended and comprises part of this report. The Call for Nominations and the nomination form are appended.

APPENDICES I & II

COMMITTEE ON NOMINATIONS AND AWARDS

- 2 -

As required under Article XXI - Conflict of Interest, of the CDA By-Laws, Dr. Richard Sandilands has declared a possible potential conflict of interest on nomination documents for a position on Executive Council and for the office of Vice-President. Dr. Sandilands' declaration is appended as stipulated in the By-Laws.

RESOLVED:

- 95.76** **THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.**

ADOPTED

RESOLVED:

- 95.77** **THAT Dr. Daniel Pelland, President and CEO of the Quebec Dental Surgeons Association, and Mr. Jardine Neilson, Executive Director, Canadian Dental Association, be appointed the scrutineers.**

ADOPTED

Following elections by ballot for the position of Vice-President, the result was Dr. Toby Gushue of St. John's, Newfoundland.

RESOLVED:

- 95.78** **THAT the ballots be destroyed.**

ADOPTED

The Committee received notification from the Commission on Dental Accreditation of Canada on the nomination of Dr. Kevin Roach as Chairman of the Commission effective immediately following the 1995 Annual Meeting of the Board of Governors. In addition, the Commission requested that Dr. Roach's term as member of the Commission be extended one year in order that he may complete a full term as Chairman.

Information on this matter is also contained in the report of the Commission.

RESOLVED:

- 95.79 **THAT subject to appointment by the CDA President as Chair of the Commission on Dental Accreditation of Canada, the term of Dr. Kevin Roach be extended to 1997.**

ADOPTED

2. **Procedure - Deadline for Nomination**

The procedures followed regarding the deadline for nominations have been reviewed and validated. Staff was directed to incorporate this information into the Call for Nominations.

The following information will be added:

- The Call for Nominations announces the deadline for submissions. If eligible nominations are received by that date, no further nominations will be considered.
- If no eligible nominations are received by the announced deadline, nominations will remain open to the date of the Nominations Committee Meeting.
- Following its meeting, the Committee will solicit further nominations if required up to the date of circulation of the slate of officers, prior to the CDA Annual Board Meeting.
- If vacancies continue, a presidential appointment will be considered.

3. **Definitions of CDA Awards**

The Committee reviewed the definitions for CDA Awards and agreed that the section concerning the Canadian Dental Research Foundation (CDRF) Award should be removed. The CDRF Award is now administered by the Dentistry Canada Fund (DCF).

RESOLVED:

- 95.80 **THAT the section entitled "Canadian Dental Research Foundation (CDRF) Award" be removed from the Definition of CDA Awards document.**

APPENDIX III

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

4. **Honorary Membership**

As quoted in the Terms of Reference, Honorary Membership is the highest award of the Association. Its purpose is to recognize individuals deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time.

This award may be for service that is provincial, national or international in nature, although an outstanding contribution at the national level shall be a principal consideration. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of the above. Due to the distinctive nature of the Honorary Membership award, only in the most unusual circumstances will there be more than one or two awards conferred in any one year. An award each year shall not be considered a requirement.

The request for nominations for Honorary Membership was given a wide circulation including Corporate Members, Deans, Licensing Authorities, Specialty Sections and other dental organizations.

Executive Council approved the recommendation that Honorary Membership be granted to: Dr. Arthur Schwartz and Dr. Helene Shingles.

Background information is appended.

APPENDIX IV

5. **Distinguished Service Award**

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the academic level, corporate level, specialty society, council, commission or committee level. An award each year shall not be considered a requirement.

The request for nominations for the Distinguished Service Award was given a wide circulation including Corporate Members, Deans, Licensing Authorities, Specialty Sections and other dental organizations.

Executive Council approved the recommendation that the Distinguished Service Award be granted to: Dr. Michel Jahjah, Dr. Dennis Smith and Dr. James Wright.

Background information is appended.

APPENDIX V

6. Award of Merit

This award will be conferred upon an individual CDA member who has served in an outstanding capacity in the governing of the Canadian Dental Association or similar outstanding contribution to Canadian dentistry, such as:

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- a number of years of service to any dental organization, institution or specialty section;
- at least 4 years as a Council/Committee Chairman

The request for nominations for the Award of Merit was given a wide circulation including Corporate Members, Licensing Authorities, Speciality Sections and other dental organizations.

Executive Council granted the Award of Merit to: Dr. Richard Mark Beyers, Dr. Marcia Boyd and Dr. Bernie White.

Background information is appended.

APPENDIX VI

7. Certificate of Merit

The Certificate of Merit recognizes any special service at any level of dentistry within the country. In general, it will be reserved for dentists and other persons who have given at least one full term of service in such areas as Councils/Committees of the Association, or long-standing service at the corporate or specialty society level. An award each year shall not be considered a requirement.

A list of recipients for 1994-95 is found in the Executive Council report.

Individuals who served on the 1994 FDI Organization Committee received a special letter of thanks from the President, in addition to the Certificate of Merit.

8. **Order of Canada**

Executive Council approved the recommendation that Dr. Helene Shingles be nominated for the Order of Canada.

9. **Special Friend of Canadian Dentistry Award**

The Special Friend of Canadian Dentistry Award is designed in appreciation and thanks for friendship and assistance to the CDA.

There are no recipients of the Special Friend of Canadian Dentistry Award for 1995.

10. **Committees of Executive Council**

APPENDIX VII

The Committee reviewed the composition and current membership of Committees of Executive Council.

- **CDAnet**

There are two vacancies on the CDAnet Committee. On advice that the future role of this committee is under review, no additional action will be taken to solicit nominees for appointment.

- **Taxation Committee**

A protocol established by the Executive Council on activities of the Taxation Committee was reviewed. The Committee on Nominations and Awards supports the need for change in this area as outlined in the protocol.

- **Government Relations Committee**

The Committee agreed with the need to appoint an additional member to the Sub Committee on Medical Services Branch to ensure continuity. An individual with practical experience working with native patients and with an understanding of organized dentistry's objectives in this area will be sought. Corporate Members have been asked to nominate individuals interested in serving on the Sub Committee.

The length of service of members of all Executive Council committees was reviewed. The Committee has identified some areas of concern and appropriate action will be considered.

The CDA membership status for individuals serving on CDA Committees was reviewed. Appropriate action will be taken to ensure that all individuals are CDA members.

11. **Data Bank - Candidates for Appointment**

Last year, the Committee initiated an outreach procedure to the general membership in order to develop a data bank of individuals interested in serving on CDA Committees. The list of members who have expressed an interest was reviewed.

The data bank is primarily to augment the normal consultation process with corporate members, and mainly relates to vacancies on Committees of Executive Council which are filled by appointment.

The list has been forwarded to Corporate Members for their review and comments.

12. **CEO's Candidacy - CDA Awards**

Provincial associations and licensing bodies were canvassed for appropriate nominations for provincial CEOs.

APPENDIX VIII

13. **CDA President's Award**

The list of recipients of the CDA President's Award for 1995 is appended.

APPENDIX IX

14. **Letters of Appreciation**

Following recommendations of the Committee, Letters of Appreciation have been forwarded to individuals who are listed in the Executive Council report.

15. **Update - Plaque for the Special Friend of Canadian Dentistry**

A plaque has been produced to recognize recipients of the Special Friend of Canadian Dentistry Award. It is on display in the boardroom area at CDA offices.

16. **Canada Volunteer Award**

The Committee nominated Dr. Helene Shingles for the Canada Volunteer Award administered by Health Canada.

17. **Jean P. Carriere Award**

Dr. Arthur Wood's name was submitted to the Standards Council of Canada for the Jean P. Carrière Award.

The CDA will be informed once a final decision has been made.

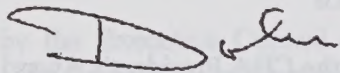
18. **Appreciation**

The Committee on Nominations and Awards thanks all nominators for submitting nominees and continues to recommend that the provincial bodies be encouraged to recognize nominees through provincial awards.

19. **Closing Comments by Chairman**

I would like to express sincere thanks to the members of the Committee, as well as to Mr. Jardine Neilson, Mrs. Sandra Davis and Ms. Martyne Giroux for their assistance.

Respectfully submitted,



Barry Dolman, D.M.D.
Chairman, Committee on Nominations
and Awards

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Committee on Nominations and Awards.

NOMINATIONS - CDA ELECTIVE OFFICES - 1995

<u>OFFICE\INCUMBENT</u>	<u>COMMENT</u>	<u>ELIGIBILITY</u>	<u>TERM</u>	<u>NOMINEES\AFFILIATIONS</u>
<u>Chairman of the Board</u>				
Dr. N.A. Mancini (Ont)	Annual Election	Active or Honorary Member	1 year	1. Dr. N.A. Mancini (Ont)
<u>Vice-President</u>				
Dr. B. Dolman (PQ)	Annual Election	Member of the CDA Board of Governors	1 year	1. Dr. T. Gushue (Mfld)* 2. Dr. R. Sandilands (Alta)*
<u>Executive Council</u>				
Dr. T. Breneman (Man) 1995 Dr. L. Dubé (PQ) 1995 Dr. T. Gushue (Mfld) 1995 (2) Dr. R. Sandilands (Alta) 1995 (1)	Annual Election	Member of the CDA	2 years	1. Dr. T. Breneman (Man) 2. Dr. L. Dubé (PQ) 3. Dr. A.L.B. Conrod (NS) 4. Dr. R. Sandilands (Alta)
<u>Council on Constitution and By-Laws</u>				
Dr. J. Silver (B.C.) 1995 (2) Dr. L. Stone (Alta) 1995 (1)	Annual Election	CDA member with stipulations	3 years	1. Dr. B. White (Sask) 2. Dr. L. Stone (Alta)
<u>Council on Education</u>				
Dr. H. Lyttle (Man/ACFD) 1995 (2) Dr. D. Scott (Alta/NDEB) 1995	Annual Election	CDA Member with stipulations to fill expired terms	3 years	1. Dr. H. Limeback (Ont) 2. Dr. D. Scott (Alta)
<u>Ethics Committee</u>				
Col. M. Deyette (NS) 1995 (2) Dr. P. Lobb (B.C.) 1995 (1) Vacant Position	Annual Election	CDA Member with stipulations to fill expired term	3 years	1. Dr. G. Sweetnam (Ont) 2. Dr. P. Lobb (B.C.) 3. Vacancy
<u>Commission on Dental Accreditation of Canada</u>				
Dr. R. Brooke (Ont./ACFD/Deans) 1995 (2) Ms. S. Sunnell (B.C./ACFD/Allied) 1995 (2) Dr. R.C. Baker (Man./NDEB) 1995 Dr. G. Maranda (PQ/RCDC) 1995 (2)	Annual Election	CDA Member with stipulations to fill expired terms	2 years Chairman 3 years Members	1. Dr. W. MacInnis (NS) 2. Ms. M. Symmes (Alta) 3. Dr. R.C. Baker (Man) 4. Dr. R.J. McComb (Ont)

OFFICE\INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES\AFFILIATIONS
<u>Committee on Community & Institutional Dentistry</u>				
Dr. W. Steggles (Ont./G.P.) 1995 (2)	Annual Election	CDA Member with stipulations to fill expired terms	3 years	1. Dr. P. Fendrich (Ont)
Dr. N. Farrell (Ont./Pub. Health) 1995 (2)				2. Dr. P. Massicotte (PQ)
Ms. J. Smorang (Alta/Dent. Aux.) 1995 (1)				3. Ms. J. Smorang (Alta)
Dr. J. Chimilar (Man./O. & M. Surg.) 1995 (1)				4. Dr. J. Chimilar (Man)

* Election required

BIOGRAPHICAL INFORMATION - Chairman of the Board of Governors

NAME: Nicholas A. Mancini

ADDRESS: 2188 King Street East
Hamilton, Ontario
L8K 1W6

DATE/PLACE OF BIRTH: April 23, 1922, Hamilton, Ontario

PERSONAL: Married - Josephine, October 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr., John Patrick

EDUCATION: Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
B.A. (Chem. Physics, Biology) University of Toronto
D.D.S. - University of Buffalo

EXPERIENCE: Served on original Foundation Committee for the Hamilton Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served on Board of Governors of Hamilton Civic Hospitals
Served Board of Directors of Social Planning and Research Council
Past Chairman, Ontario Separate School Trustees Association
Past Chairman, Canadian Catholic School Trustees Association
Past Chairman, Hamilton-Wentworth Roman Catholic Separate School Board (HWRCSSB)
School Trustee and Chairman of Education Committee of HWRCSSB
Past Chairman of the Board of Directors, Ontario School Trustees Council (O.S.T.C.)
Dominion Council of Health
Past President, Hamilton Academy of Dentistry
Past Grand Knight, Knights of Columbus, Hamilton
Member, Canadian Academy of Prosthodontists
Presently, Chairman, Board of Governors, ODA
Presently, Chairman, Board of Governors, CDA
Presently, Chairman of the Board, CDSPI

AWARDS: Accorded Papal Honor (Knighthood) Knight of St. George (K.S.G.)
Barnabus Day Award (ODA), Honorary Membership, ODA
CDA Honorary Membership
Member - Pierre Fauchard Academy
(F.I.C.D.) - Fellow of International College of Dentistry

(updated June 1995)

BIOGRAPHICAL INFORMATION - Vice-President

NAME: Toby J. Gushue

ADDRESS: Village Mall, Box 93, St. John's, NF, A1E 4N1

POSITION/PRACTISE: General Practice, St. John's, NF

DEGREES: B.A. (Ed), 1964, Memorial University
B.A., 1968, Memorial University
D.D.S., 1973, Dalhousie University

EXPERIENCE: Teacher, 1964-1969
Training Officer, Cadet Services of Canada, 1960-69
General Practice, 1973-present
President, Avalon Dental Study Club, 1978
Executive Director, NDA, 1980-87
Member, Executive Committee, NDA, 1980-present
Chairman, Public Relations Committee, NDA, 1978-91
Editor, NDA Newsletter, 1980-87
Chairman, Continuing Education Committee, NDA
Chairman, Convention Committee, NDA
Member, CDA Third Party Dental Plans Committee, 1984-91
Chairman, CDA Third Party Dental Plans Committee, 1989-91
Member, CDA EDI Subcommittee, 1986-90
Member, CDAnet Committee, 1990-1993
Board of Governors, CDA, 1987-present
Executive Council, CDA, 1991-present
Executive Liaison, CDAnet Committee, 1991-1993
Executive Liaison, CDA Student Affairs Committee, 1991-1992
Executive Liaison, CDA Committee on Community and Institutional Dentistry, 1992-1993
Member, CDA Communications Steering Committee, 1992-94
Executive Liaison, CDA Ethics Committee, 1993-94
Executive Liaison, Council on Insurance and Investment, 1994
Member, Board of Directors, CDSPI, 1993-94
Member, Committee on Review of CDA Structure, 1993-94
Executive Liaison, Taxation Committee, CDA
Executive Liaison, Council on Education, CDA
Executive Liaison, Dental Admissions Committee, CDA
Executive Liaison, Continuing Education Committee, CDA
Executive Liaison, Task Force on the Future of Dental Education
Clinical Examiner, NDEB
Chairman, Committee on Protocol for Profiling, NDA

MEMBERSHIPS: Newfoundland Dental Association
Canadian Dental Association
International Dental Federation
Fellow, Pierre Fauchard Academy
Fellow, International College of Dentistry
Business Association of Newfoundland & Labrador
Waterford Valley Rotary Club

BIOGRAPHICAL INFORMATION - Vice-President and Executive Council

NAME: Richard Drummond Sandilands

ADDRESS: 224 Windermere Drive
Edmonton, Alberta, T6H 2H6

DATE AND PLACE OF BIRTH: July 16, 1943, Minnedosa, Manitoba

PRACTICE: General Practice 1965-1989
Dental Management Consultant 1989-present

EDUCATION: Strathcona Composite High School
University of Alberta, Dentistry, 1965

EXPERIENCE: Past-President, Edmonton and District Dental Soc. 1979
Past-President, Alberta Dental Association, 1988
Past-President, Western Canada Dental Society, 1989
Board of Governors CDA 1988-1992
Executive Council CDA 1993-present

ORGANIZATIONS: Edmonton and District Dental Society
Alberta Dental Association - President 1988-89
Canadian Dental Association
Fellowship - Academy of Dentistry International
Fellowship - American College of Dentists
Fellowship - Pierre Fauchard Academy
Fellowship - International College of Dentists
Member, Rotary International

OTHER: Clinical Instructor and Guest Lecturer, U of A Faculty of Dentistry; 1974-1994
Associate Clinical Professor Faculty of Dentistry U of A 1990-1994
Interim Executive Director, Alberta Dental Association 1994
Member, Task Force on Dental Studies, U of A 1994-1995

FAMILY: Married to Marjorie; two children, Dr. Kathryn Sandilands-Bannach (Dentistry 94) and Bryan, graduating (Psych 95).

Article XXI Section I of the Constitution appears on page two of this nomination form. This Article deals with possible potential conflicts of interest.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

(a) I have no known possible potential conflict of interest

(b) I have possible conflict of interest

(if (b) please explain potential conflict on the reverse of this form)

I agree to permit my nomination and qualify by Active X Affiliate _____
Student _____ Membership in the CDA.

Membership in Alberta Dental Association (Corporate Member).

I agree to permit my nomination; I am not eligible for membership in CDA in the above categories _____.

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION

Alberta Dental Association

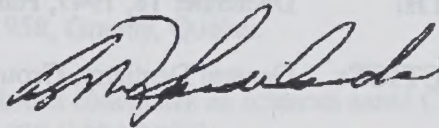
SIGNATURE OF NOMINEE

Richard R. Forsyth

**PLEASE INDICATE ON REVERSE SIDE ANY POSSIBLE
POTENTIAL CONFLICT OF INTEREST:**

(b) I am the sole proprietor of Richard Sandllands D.D.S. Dental Practice Management Ltd., a company which provides management and consulting services to the dental profession in Alberta, Manitoba, Saskatchewan and B.C.

I am the majority stakeholder in Canadian Modular Health Services Ltd., a company which provides modular health care technology in remote or outreach locations, to all professions.



BIOGRAPHICAL INFORMATION - Executive Council

NAME: Tom D. Breneman

ADDRESS: 161 Oakbluff Road, Brandon, MB

DATE AND PLACE OF BIRTH: December 18, 1947, Hamilton, Ontario

POSITION/PRACTICE: General Dentistry, Group Practice

EDUCATION: St. Paul's High School, Winnipeg
University of Manitoba, 1969

DEGREES: D.M.D. - 1969

EXPERIENCE: Past President, Western Manitoba Dental Society
Past President, Manitoba Dental Association
Past Chairman, Peer Review Committee
Member, CDA Executive Council, Exec. Liaison Ethics Committee,
Council on Constitution & By-Laws, Third Party Dental Plans

ORGANIZATIONS: Western Manitoba Dental Society
Manitoba Dental Association
Canadian Dental Association
Fellow International College of Dentists
Life Member Association of Kinsmen Clubs
Past President Kinsmen Club of Brandon
Past Kinsmen Governor
Past Kinsmen National President
Past Kinsmen National Convention Chairman

OTHER: Past Board Member, Brandon United Way
Past Board Member, Western Manitoba Heart Association
Past Chairman, St. Augustines Parish Council
Assistant Vice President, 1979 Canada Winter Game
Past Chairman, Western Manitoba Library-Arts Centre
Treasurer, Brandon University Foundation
Chairman Soccer, 1997 Canada Summer Games

NOTICE BIOGRAPHIQUE - Executive Council

NOM: Louis Dubé

ADRESSE: 535 rue Pasteur
Sherbrooke, Québec J1J 2T5

**DATE ET LIEU
DE NAISSANCE:** 1er février 1958, Granby, Québec

ÉTUDES: Diplôme d'études collégiales en sciences santé Cégep Bois de
Boulogne, 1976 (1974-1976)
Doctorat en médecine dentaire (DMD), Université de Montréal,
1980 (1976-1980)

EXPÉRIENCE: Depuis 1980, Pratique privée en Médecine Dentaire, Sherbrooke,
Québec
Président (93-94), Fondation du Collège de Sherbrooke
Membre des conseils administratif et exécutif de l'Association des
Chirurgiens Dentistes du Québec (représentant de l'ADCQ à la
Société dentaire de l'Estrie)
Membre du bureau des examinateurs de l'Ordre des dentistes du
Québec depuis mars 1992-1993
Membre du Bureau National des examens dentaires du Canada
(BNED) depuis 1994

ORGANISATIONS: Ordre des dentistes du Québec (ODQ)
Association des chirurgiens dentistes du Québec (ACDQ)
Association dentaire canadienne (ADC)
Société dentaire de l'Estrie (SDE)

BIOGRAPHICAL INFORMATION - Executive Council

NAME: A.L. Burton Conrod

ADDRESS: 94 St. Peter's Road, Sydney, Nova Scotia, B1P 4P4

DATE AND PLACE OF BIRTH: August 18, 1952, Halifax, NS

EDUCATION: D.D.S. Dalhousie University, 1976

EXPERIENCE: General Practice, 1976 - present
President, Cape Breton Island Dental Society, 1979
Executive Committee, NSDA 1981-present
President, NSDA, 1989-90
Task Force on CDA Structure 1990
CDA Governor, 1991-present
Dental Materials and Devices Committee, CDA, 1993-present
Secretary, Department of Dentistry, Cape Breton Regional Hospital

ORGANIZATIONS: Cape Breton Island Dental Society
Nova Scotia Dental Association
Canadian Dental Association
FDI
Fellow, International College of Dentists
Pierre Fauchard Academy

BIOGRAPHICAL INFORMATION - Council on Constitution & By-Laws

NAME: Bernard E. White

ADDRESS: 801 CN Towers, Saskatoon, Saskatchewan, S7K 1J5

DATE AND PLACE OF BIRTH: January 6, 1948, Foam Lake, Saskatchewan

PRACTISE: Private Practice since 1972

EDUCATION: Elementary and Secondary - Foam Lake
D.M.D., University of Saskatchewan, 1972

EXPERIENCE: President, Student Dental Society, University of Saskatchewan, 1971-72
Delegate, First Canadian Dental Student's Conference, 1969
President, Saskatoon Dental Society, 1979
Member of Council, College of Dental Surgeons of Saskatchewan, 1979-84
President, College of Dental Surgeons of Saskatchewan, 1983
Governor, Canadian Dental Association, 1990-1994
Executive Council, Canadian Dental Association, 1990-1994
Past or present Executive Liaison, Canadian Dental Association to Committees on - Student Affairs, Consumer Products Recognition, Dental Materials and Devices, Third Party Dental Plans, Taxation, DAT, Ethics, Communication Steering and the Council on Constitution and By-Laws.

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of Saskatchewan
Saskatoon Dental Society
International College of Dentists
Canadian Association of Dental Consultants

OTHER: Clinical Instructor, College of Dentistry, University of Saskatchewan, 1977-87
Clinical Examiner, National Dental Examining Board of Canada, 1983-86
Dental Consultant, MSI-Blue Cross (Sask.) 1989-present
President, Executive Member, Saskatoon Marian Gymnastic Club, 1979-88
East College Park Community Association, 1986-90
Saskatoon Blades Booster Club, 1973-81

BIOGRAPHICAL INFORMATION - Council on Constitution and By-Laws

NAME: Lynn Stone

POSITION/PRACTISE: General Dentistry, 1977-1991

EDUCATION: University of Kentucky College of Dentistry, Lexington, Kentucky, USA
Brigham Young University College of Management, Provo, Utah, USA
Brigham Young University, Provo, Utah, USA

DEGREES: 1977, University of Kentucky College of Dentistry, D.M.D.
1966, Brigham Young University College of Management, M.B.A.
1964, Brigham Young University, B.A. - Major, Political Science, Minor - French

EXPERIENCE: 1991-present - Membership Services Coordinator, Alberta Dental Association
Chairman, Dental Health Promotion Committee
Chairman, Confidential Assistance Program for the Dental Profession
Economics Committee
Dental Prepayment Advisory Committee
Meetings and negotiations have been held with a variety of governmental and regulatory organizations such as Workers' Compensation Board, Alberta Health and Safety, Medical Services Branch (Indian Affairs), Alberta Family and Social Services (PADS), Calgary Chamber of Commerce, etc.
Council on Constitution and By-Laws, Canadian Dental Association
Formal presentations to ADA Board, Alberta Health Care, local dental societies, Faculty of Dentistry classes, General Membership Meetings of the ADA, as well as interviews on radio and television
1985-1991 - Owned and managed private independent small business and an associated commercial building containing other tenants
1981-1982 - President, Lethbridge District Dental Society
1972-1977 - Assistant project director, University of Kentucky Tobacco and Health Research Institute.
1966-1972 - Manager of advanced computer systems instruction for the Virtual Memory Systems Education Department, Computer Systems Division, RCA Inc., Cherry Hill, New Jersey.
1964 - Taught second year french, Brigham Young University

ORGANIZATIONS: Alberta Dental Association
Canadian Dental Association

AWARDS: Academy of General Dentistry Award
American Gold Foil Operators Award

INTERESTS: Children and grandchildren, hunting and fishing, travel, voluntary third world dental clinics, computers, business and the markets

BIOGRAPHICAL INFORMATION - Council on Education (ACFD)

NAME: Hardy Limeback, B.Sc., Ph.D., D.D.S.

ADDRESS: 946 Cristina Ct, Mississauga, ON L5J 4S2

DATE AND PLACE OF BIRTH: November 15, 1951

POSITION/PRACTICE: Acting Head, Preventive Dentistry
Faculty of Dentistry, University of Toronto

DEGREES: B.Sc. (Biochemistry), U of Toronto
Ph.D., (Biochemistry), U of Toronto
D.D.S., U of Toronto

EXPERIENCE: Post-doctoral Education, UBC, Faculty of Dentistry, May-Sept. 1980
MRC Group in Periodontal Physiology, U of T, Sept. 80-Apr. 83 (part-time)
MRC Scholarship - 1984
MRC Grant renewal - 1987/1989/1992
ACFD Teachers' Workshop - Alliston, ON - June 1986
ACFD Summer Teaching Institute - June 1987
ACFD Summer Management Institute - February 1989
CDA Teaching Conference on Problem-based Learning - October 1991

ORGANIZATIONS: Member, International Association for Dental Research (IADR)
Vice-President, Canadian Association for Dental Research (CADR)
Member, Canadian Dental Association and CDA Product Recognition Committee
Member Association of Canadian Faculties of Dentistry (ACFD/AFDC)/Chair, ACFD Faculty Member
Development Committee and Executive Committee
Member, American Association of Dental Schools (AADS)
National Institute of Nutrition

OTHER: Coordinator & Chair, Combined Section Meeting for the Local Chapters of the IADR, Niagara-on-the-Lake
Chair, IADR Mineralized Tissue PDS Poster Discussion Session
Invited presenter/participant for a Canadian Pediatric Society organized symposium on the appropriate use of fluoride supplements in pediatric physicians practices.

BIOGRAPHICAL INFORMATION - Council on Education (NDEB)

NAME: David A. Scott

ADDRESS: Faculty of Dentistry
University of Alberta
Edmonton, AB T6G 2N8

DATE AND PLACE OF BIRTH: November 26, 1942, Vancouver, BC

POSITION/PRACTISE: General Practice, 702-10080 Jasper Avenue, Edmonton

EDUCATION: Magee High School, Vancouver

DEGREES: 1964, B.Sc., University of British Columbia
1967, M.Sc. (Comp. Science), University of Alberta
1976, D.D.S., University of Alberta

EXPERIENCE: 1976-1981, General Practice
1981-present, Professor of Operative Dentistry, University of Alberta

ORGANIZATIONS: Alberta Dental Association
Canadian Dental Association
Edmonton & District Dental Society
CADR, AADS

OTHER: 1977-81, Part-time instructor, University of Alberta

FAMILY: Married, 2 children

BIOGRAPHICAL INFORMATION - Committee on Ethics

NAME: George H. Sweetnam

ADDRESS: 225 Kent Street West, Lindsay, Ontario, K9V 2Z1

DATE AND PLACE OF BIRTH: January 23, 1942, New Liskeard

POSITION/PRACTISE: Private Practice, Lindsay, Ontario 1971 - present
Past Chief of Dental Staff, Ross Memorial Hospital, Lindsay, Ontario

DEGREES: B.Sc. (Microbiology), University of Guelph, 1966
D.D.S., University of Toronto, 1971

EXPERIENCE: Past-President, Ontario Dental Association
ODA Executive Council, 6 years
ODA Board of Governors, 11 years
Chairman & Executive Liaison to Ad Hoc Committee on the Dental Act
Chairman & Executive Liaison to Political Awareness Committee
Task Forces on Process Enhancement, Board Restructuring, Volunteer Training, and Conflict of Interest Guidelines
Executive Liaison to Health Care, Communications and Public Education and Economics of Practice Committees
ODA delegate to Centre for Disease Control, Atlanta and CDA Symposiums on AIDS
Past-President, Peterborough and District Dental Society

OTHER: Senior Official, Swim Canada
Past-President, Lindsay Swim Club, Officials Chairman
Retired Commodore Lindsay & District Power Squadron
Retired Commodore Balsam Lake Sailing Club
Recording Steward Cambridge Street United Church, 13 years
Board Kawartha Festival Foundation Summer Theatre

FAMILY: Wife, 1990 Canadian Swim Coach of the Year
Daughter, Commonwealth Gold Medalist and Olympian
2 sons, National Swimmers

BIOGRAPHICAL INFORMATION - Committee on Ethics

NAME: Peter M. Lobb

ADDRESS: 208-1095 McKenzie Avenue, Victoria, BC, V8P 2L5

**DATE AND
PLACE OF BIRTH:** June 18, 1951, Calgary, Alberta

POSITION/PRACTICE: 1975-1981 - Canadian Forces Dental Service
1981-present - General Practice

DEGREES: 1973, B.Sc., University of Alberta
1975, D.D.S. with Distinction, University of Alberta

EXPERIENCE: Member, CDA Ethics Committee
Chair, Ethics Committee, College of Dental Surgeons of BC
Member-at-large, Council, College of Dental Surgeons of BC
Consultant in General Dentistry, BC Cancer Agency
Member of Dental Staff, Greater Victoria Hospital Society
Academy of General Dentistry
International Association of Orthodontics

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of British Columbia

FAMILY: Wife, Carol. Three children, ages 17, 15, 9

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada (ACFD/Deans)

NAME: William Alexander MacInnis

ADDRESS: 6241 Regina Terrace, Halifax, Nova Scotia, B3M 3M4

DATE AND PLACE OF BIRTH: April 10, 1945

POSITION/PRACTICE: Dean, Faculty of Dentistry, Dalhousie University
Part-time Private Practice, Halifax, NS, September 1983-present
Part-time Private Practice, Moosonee, Ontario, 1972-74

EDUCATION: Amherst Regional High School, Senior Matriculation 1963
Madigan Army Medical Center, Tacoma, Washington, General Dentistry
Residency Program, July 1977- July 1979
Dalhousie University, Masters of Education, 1989

DEGREES: 1966, B.Sc., Dalhousie University
1970, D.D.S., Dalhousie University

EXPERIENCE: Associate Professor, Division of General Dentistry, Faculty of Dentistry,
Dalhousie University - present
Dean, Faculty of Dentistry, Dalhousie University - present
Canadian Forces Dental Services School, Borden, Ontario, 1970-1972
Canadian Forces Station Moosonee, Saskaipao, Ontario, 1972-1974
Canadian Forces Base Chilliwack, Chilliwack, British Columbia - Base Dental
Officer, 1974-1977
Madigan Army Medical Center, Tacoma, Washington, 1977-1979
Canadian Forces Base Halifax, Halifax, Nova Scotia, - Base Dental Officer
1979-1983
Nova Scotia Dental Association Management Committee, 1987-present
Nova Scotia Dental Association Executive Committee, 1987-present
Chair, Nova Scotia Dental Association Dental Care Systems Committee, 1987-
1990
President, Nova Scotia Dental Association, 1991
Mediation Committee, Nova Scotia Dental Association, 1985-present

ORGANIZATIONS: Halifax County Dental Society, 1979-present
Nova Scotia Dental Association, 1979-present
Canadian Dental Association
American Association of Dental Schools
Canadian Association for Dental Research
Provincial Dental Board of Nova Scotia, 1992

AWARDS: Dalhousie University, Entrance Scholarship, 1963
Dalhousie University Track and Field Athletic Award (Gold D), 1963
Canadian Forces Decoration, 1978
Professor of Year Award, 1989

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada
(ACFD/Allied)

NAME: Maureen Les Symmes

ADDRESS: 10907 - 141 Street, Edmonton, AB T5M 1T3

POSITION/PRACTISE: Dental Assisting Instructor, Northern Alberta Institute of Technology

DEGREES: Matriculation Diploma, Grade 12 - 1964
First Year Sciences, Grade 13, 1965
Dental Assisting Certificate, U of North Carolina, 1970
British Columbia Intra-oral Module, VCC - 1972
Business Management Diploma, 1976
UBC Educators Course - 1977
UBC Educators Expanded Duties Course - 1978
In-Service Instructor Training Program, NAIT - 1980
NAIT, Educators Expanded Duties Course - 1989
Effective Mediation Skills, Level I - 1992
Continuous Quality Improvement, Level I Facilitator - 1993

EXPERIENCE: Chairside Assistant - Endodontics & General Dentistry/Dr. T.K. Craig, 1965-67
Chairside Assistant/Intra-Oral Assistant/Office Manager, Dr. R.A. Yri & Associates - 1967-79
Preventive Assistant/Receptionist, West Broadway Dental Group - 1979-80
Dental Claims Supervisor/Consultant, Sun Life Assurance - 1979-80
Instructor, Dental Assistant Program, NAIT, Edmonton, 1980-82
Clinical Instructor, Dental Hygiene Program, U of Alberta, 1984-85
Instructor Supervisor, Dental Assisting Programs, NAIT, 1982-present

ORGANIZATIONS: Member, ACFD Allied Dental Educators Committee
Member, Alberta Dental Assistants Association
Chairman, Council on Certification & Education, Canadian Dental Assistants' Association
Member, Canadian Dental Assistants Association (CDAA)

OTHER: Interim Registrar, Canadian Dental Assistants Association 1991-92
Member for the Development of National Baseline Competency Profiles for use during Accreditation of Allied Dental Program, Canadian Dental Assistants Assoc./ACFD

AWARDS: Life Member - CDAA
Penny Waite Award for Excellence, CDAA

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada (NDEB)

NAME: Robert Clarke Baker

ADDRESS: 780 Bannatyne Avenue, Winnipeg, MB, R3E 0W2

**DATE &
PLACE OF BIRTH:** September 2, 1940, Winnipeg, MB

EDUCATION: Daniel McIntyre and Kelvin High Schools
D.M.D., 1963, University of Manitoba
Diploma in Orthodontics, 1967, University of Toronto

PRACTICE: General Practice of Dentistry - 1963-65, Winnipeg
Orthodontic Specialty Practice, 1967 to present

EXPERIENCE: Lecturer, 1963-65, Operative Dentistry, U of Manitoba
Assistant Professor, 1967-69, Orthodontics, U of Manitoba
Association Professor, 1982-present, Orthodontics, U of Manitoba
Ortho Consultant Cleft Palate Team Winnipeg Children's Hospital
1982-present
Acting Head, Orthodontics, University of Manitoba
Associate Dean Academic - 1990-present, U of Manitoba
President of the Manitoba Dental Association, 1981-82
CDA Council on Education 1990-93
Reviewer Ortho Dept. Hospital for Sick Children Toronto, 1990
President of the NDEB, 1992-94
Accreditation Reviewer - U of Toronto - Grad Ortho 1993
U of Alberta - Grad Ortho 1994

ORGANIZATIONS: CDA, Manitoba Dental Association, Winnipeg Dental Society
Canadian Association of Orthodontists
American Association of Orthodontists

AWARDS: University of Manitoba Gold Medal - 1963
Omicron Kappa Upsilon
Fellow of the American College of Dentists
Fellow of the International College of Dentists
Member of the Pierre Fauchard Academy
Faculty of Dentistry, U of Manitoba, Prof. of the Year 1987
Manitoba Dental Association President's Award of Merit 1994

FAMILY: Married, four children

BIOGRAPHICAL INFORMATION - Commission on Dental Accreditation of Canada (RCDC)

NAME: Richard John McComb

ADDRESS: Faculty of Dentistry, University of Toronto
124 Edward Street, Toronto, ON, M5G 1G6

DATE AND PLACE OF BIRTH: Bangor, N. Ireland, December 3, 1945

EDUCATION: B.D.S., University of Edinburgh, 1968
M.Sc. University of Manitoba, 1971 (Dental Sciences)

Dip. Amer. Bd. Oral Pathology 1973
FRCD (C), 1974

PRACTICE: Oral Pathology, Ontario, since 1975
Dentist-in-Chief, The Toronto Hospital, since 1987
Associate Professor, University of Toronto

EXPERIENCE: Practice - Hospital Dentistry
Oral Pathology - service histopathology and clinical
University teaching

ORGANIZATIONS: Royal College of Dentists of Canada - President, 1993-95
Canadian Academy of Oral Pathology - Past, President, Active Member
ODA Member - member Hospital Relations Committee
CDA Member, IAOP member, AAOMR Fellow

OTHER: Commission on Accreditation: Committee on Health Care Facilities; Documentation Committee

FAMILY: Wife, Professor Dorothy McComb, Restorative Dentistry, University of Toronto. Two children

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry (G.P.)

NAME: Peter Fendrich

ADDRESS: 559 Waterloo St., London, Ontario, N6B 2R1

POSITION/PRACTICE: Private Practice: General Dentistry - 1976-present

EDUCATION: B.A. , University of Western Ontario - 1971
D.D.S., University of Western Ontario - 1975
Dental Internship - 1975-76, Victoria Hospital, London, Ontario

EXPERIENCE: Clinical Lecturer, Department of Oral Medicine (U.W.O.), 1977-present
Active Staff (with O.R. privileges), Victoria Hospital, 1976-present
Member, Advisory Board, Community Dental Health Services Research Unit, U of T.
CDA Board of Governors, 1991-present
Ontario Dental Association
- Issues Management Committee, 1987-88
- Board of Governors, 1987-90
- Executive Council, 1988-94
- Executive Liaison, Constitution and By-Laws, 1988-94
- Sub Committee on Dental Awareness, 1990
- Chairman Task Force on Process Enhancement, 1990
- Chairman Task Force on Metro Dental Welfare Plan, 1993-95
- Chairman Task Force on Copyright, 1993-95
- Chairman Task Force on Quality Assurance, 1994-present
- President, 1992
London & District Dental Society:
- Member, Dental Care Review Committee, 1978-81
- Member, Constitution Standing Committee, 1979-86
- Chairman, RCDS/LDDS Continuing Education Day, 1983
- Co-chairman, Emergency Care Committee, 1983-87
- Founding Member, Community Liaison Committee, 1987-present
- Chairman, Communications Committee, 1987
- Executive Member, LDDS, 1983-88
- President, LDDS, 1986-87
- Member, Dialogue in Dentistry for LDDS, 1989
Selection Committee for Chief of Dentistry, 1978, 1988
Medical Education Committee, 1985-87
Credentials, Ethics and Grievance Committee, 1987-present

ORGANIZATIONS: Canadian Dental Association
Ontario Dental Association
London & District Dental Society
Member, Forrest City Study Club

AWARDS: Award of Merit, Ontario Dental Association - 1987
Fellowship, International College of Dentists, 1993
Member, Pierre Fauchard Academy, 1994

NOTICE BIOGRAPHIQUE - Committee on Community & Institutional Dentistry (Public Health)

NOM: Paul Massicotte

ADRESSE: 4835, Christophe-Colomb, Montréal, Québec, H3E 1K1

ÉTUDES: 1978 - B.A. Histoire, Université de Montréal
1982 - M.A. Histoire, Université de Montréal
1986 - D.M.D. Université de Montréal
1986 - Attestation du Bureau National d'Examen Dentaire du Canada
1992 - Certificat en dentisterie gériatrique, Université McGill
1994 - M.Sc. Santé Communautaire, Université de Montréal

EXPÉRIENCE: 1984-86 - Attaché aux Communications au Bureau du Maire de Montréal
1989 - Dentiste à l'Hôpital Champlain de Verdun auprès des patients de l'unité de gériatrie
1990-93 - Professeur-clinicien. Faculté de Médecine dentaire. Université de Montréal
1991-94 - Dentiste-conseil au DSC Verdun
1991 - Collaborateur au Bulletin "Inf-O-Ral", mensuel d'information auprès des professionnels de la santé
1992 - Professeur invité. Faculté de Médecine dentaire. Université McGill
1994 - Dentiste-conseil à l'U.S.P. de l'Hôpital Général de Montréal
1994 - Dentiste-conseil à la D.S.P. de l'Hôtel-Dieu de St-Jérôme

ACTIVITÉS: 1992-94 - Directeur de l'Association dentaire québécois pour les personnes en perte d'autonomie
1993-94 - Directeur des communications et Rédacteur en chef du Journal de l'Association Canadienne des Dentistes en Santé Communautaire
1993 - Administrateur de l'Association des Chirugiens-dentistes du Québec, région F-04

PUBLICATIONS: Liste disponible sur demande

**BIOGRAPHICAL INFORMATION - Committee on Community and Institutional Dentistry
(Dental Auxiliary)**

NAME: Jackie Smorang

ADDRESS: Box 47, Site 6, R.R. #1
Calgary, Alberta
T2P 2G4

EDUCATION: Master of Science in Education, University of Southern California,
1982
Adult Education Cert., Red River Community College, 1979
Dental Hygiene Diploma, University of Manitoba 1975
B.A. University of Manitoba, 1971

EXPERIENCE: Dental Hygiene, Foothills Hospital, Alberta, 1990-present
Part-time Instructor, Southern Alberta Institute of Technology,
Calgary, Alberta
Health Promotion Consultant, Calgary Health Services, 1985-89
Supervisor, Dental Hygienists, Calgary Health Services, 1982-85

OTHER: NIH Biomedical Support Grant #2-S07-RR05303-21, 1983
CFDE/Warner-Lambert Canada Fellowship for Dental Hygiene
Teachers, 1992
CFDE/Warner-Lambert Canada Fellowship for Dental Hygiene
Teachers, 1993

BIOGRAPHICAL INFORMATION - Committee on Community & Institutional Dentistry
(Oral and Maxillofacial Surgeon)

NAME: John David Chimilar

ADDRESS: 29 Highland Park Drive, Winnipeg, MB, R2E 0H4

DATE AND

PLACE OF BIRTH: August 3, 1951, Winnipeg, Manitoba

PRACTICE: 1980-present, Private Practice - Oral and Maxillofacial Surgery

EDUCATION: 1984, National Dental Examining Board of Canada/Royal College of Dentists of Canada Specialist Certificate in Oral and Maxillofacial Surgery
1980, Royal College of Dentists of Canada, MRCD(C)
1977-80, University of Toronto, Diploma Oral and Maxillofacial Surgery and Anesthesia
1971-75, University of Manitoba, Faculty of Dentistry - DMD
1969-71, University of Manitoba, Faculty of Science

EXPERIENCE: 1995, University of Manitoba, Faculty of Medicine, Department of Family Medicine, Lecturer
1993-present, CDA Committee on Community & Institutional Dentistry, representing Canadian Association of Oral & Maxillofacial Surgeons
1990-present, Head, Department of Surgery, Oral & Maxillofacial, Seven Oaks General Hospital
1987-present, Manitoba Health Services Commission, Consultant, Oral & Maxillofacial Surgery
1980-82, University of Manitoba, Faculty of Dentistry, Department of Stomatology, Demonstrator
1979-80, Toronto General Hospital, Chief Administrative Resident in Oral and Maxillofacial Surgery
1977-80, Toronto General Hospital, Resident in Oral and Maxillofacial Surgery
1975-77, Private Practice of Dentistry, Fort Garry Dental Centre, Winnipeg, Manitoba
1977, University of Toronto, Faculty of Medicine, Department of Anatomy, Demonstrator
1979, University of Toronto, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery, Demonstrator
1974, University of Manitoba, Faculty of Dentistry, Stomatology, Oral Diagnosis and Oral Surgery, Student Clinician

ORGANIZATIONS: Canadian Marfan Association
Canadian Dental Association
Royal College of Dentists of Canada
Canadian Association of Oral and Maxillofacial Surgeons
Manitoba Association of Oral and Maxillofacial Surgeons
Western Canada Dental Society
Manitoba Dental Association
Winnipeg Dental Society
Oral Diagnosis - Oral Medicine Study Club
XI PSI PHI Dental Fraternity, Beta Iota Chapter



MEMORANDUM

January 25, 1995

TO: Members, Board of Governors
Presidents and CEO's, Corporate Members
Chairmen, CDA Councils and Committees
Chairman, Commission on Dental Accreditation of Canada
Presidents and Secretaries, Specialty Sections
ACFD, NDEB, RCD(C)
Provincial Registrars
Presidents, CDHA - CDAA
President, Canadian Hospital Association

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

FROM: Barry Dolman, Chairman
Committee on Nominations and Awards

SUBJECT: CDA Call for Nominations 1995

-
1. Elections of officers and council, commission and committee personnel for the 1995-96 term will take place during the 1995 Annual Meeting of the Board of Governors in Ottawa, Ontario, August 25-26, 1995.
 2. Except in the case of nominations to the Committee on Nominations and Awards itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Committee on Nominations and Awards. The Board may then make further nominations from the floor.
 3. It is the duty of the Committee on Nominations and Awards to:
 - (a) prepare a list of all elective offices to be filled;
 - (b) solicit nominations, excluding those for the Committee on Nominations and Awards;
 - (c) rule on eligibility;
 - (d) make further nominations as necessary, or as the Committee sees fit;
 - (e) submit a report to the Annual Meeting.

4. Nominations must be received before **April 7, 1995**.

5. Those entitled to make nominations are:

Members of the CDA Board of Governors
CDA Council, Committee, Commission Chairmen
Presidents or Secretaries of Corporate Members
Presidents or Secretaries of Specialty Sections

6. Nominees to the Council on Education will include recommendations of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Provincial Dental Licensing Authorities
Commission on Dental Accreditation of Canada

7. Appointments to the Commission on Dental Accreditation of Canada will include submissions of the:

Canadian Dental Association
Association of Canadian Faculties of Dentistry
National Dental Examining Board
Provincial Dental Licensing Authorities
Royal College of Dentists of Canada
Canadian Dental Assistants Association
Canadian Dental Hygienists Association
Commission on Dental Accreditation of Canada

8. Nominations to the Committee on Community and Institutional Dentistry include a recommendation from the Canadian Hospital Association.

9. **All nominations must be accompanied by:**

- (a) Written consent of the nominee.
- (b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nomination.

10. Except for the Executive Council (as otherwise indicated), election to Councils, Commissions and Committees is for a term of three years, renewable once. Members of Councils, Commissions and Committees must be Active, Affiliate, or Student Members of the Canadian Dental Association if they meet membership requirements; those who do not are exempt from the membership requirements. Affiliate members are not eligible for nomination for election to the Executive Council. Student members are not eligible for nomination for election to the Executive Council.

Nominations are not required for the Council on Insurance and Investment for reasons outlined in the following pages.

11. Nominations should be accompanied by a brief one-page biographical sketch of the nominee attached to the nomination form. Please use the form provided limiting your submission to one page. (A sample is included for your information).

**PLEASE FORWARD YOUR NOMINATION(S),
WRITTEN CONSENT OF NOMINEE'S
WILLINGNESS TO STAND FOR OFFICE
AND A BRIEF BIOGRAPHICAL SKETCH
OF EACH NOMINEE TO:**

**Dr. Barry Dolman, Chairman
Committee on Nominations and Awards
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6**

DEADLINE: APRIL 7, 1995

- c.: Committee on Nominations and Awards
CDA Directors
CDA Information Officer

NOMINATIONS 1995

I. Vice-President

Term: 1 year
Eligibility: Member of the Board of Governors
Incumbent: Dr. B. Dolman, Montreal

1. _____

II. Chairman of the Board

Term: Elected annually
Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)
Incumbent: Dr. N.A. Mancini, Hamilton
Eligible for re-election

1. _____

III. Executive Council - 10 members

Term: 2 years: renewable twice
Eligibility: Member of the Board of Governors
Incumbents: Dr. B. Sigfstead, President
Dr. J. Brookfield, President-Elect
Dr. B. Dolman, Vice-President
* No Incumbent, Past-President
Dr. J. Diggins, British Columbia, 1996 (2)
Dr. R. Sandilands, Alberta, 1995 (1)
Dr. T. Breneman, Manitoba, 1995
Dr. L. Dubé, Québec, 1995
Dr. T. Gushue, Newfoundland, 1995 (2)
Dr. D. Somer, Ontario, 1996 (1)

* (Past-President serves from Annual Board Meeting until Fall Planning Session)

Summary:

The Executive Council shall consist of the President, Immediate Past-President, President-Elect, Vice-President and six additional members. The Immediate Past-President serves from the annual meeting of the Board of Governors to the end of the second session of Executive Council. The Vice-President and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed and in which he practises the majority of his dental procedures or administration at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Québec
- (f) Provinces of New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland.

Dr. Raymond Wenn retired as Past-President at the termination of the 1994 Fall Planning Session.

Dr. Sandilands is completing his first term on Executive Council and is eligible for re-election.

Dr. Breneman was named by presidential appointment to fill Dr. Bernie White's unexpired term ending in 1995 and is eligible for election.

Dr. Dubé was named by presidential appointment to fill Dr. Dolman's unexpired term ending in 1995 and is eligible for election.

Dr. Gushue is completing his second term on Executive Council and is eligible for re-election.

If an incumbent in his non-elective year is elected Vice-President, the uncompleted term will be filled by presidential appointment.

- | | | | |
|-----------------|----|-------|---|
| 4 to be elected | 1. | _____ | Alberta |
| | 2. | _____ | Manitoba/Saskatchewan |
| | 3. | _____ | Québec |
| | 4. | _____ | Newfoundland/New Brunswick/Nova Scotia/Prince Edward Island |

IV. **Council on Constitution and By-Laws: 4 members**

Term: 3 years: renewable once

Incumbents: Dr. M. Balfour, Chairman, Ontario, 1996 (1)
Dr. J. Silver, British Columbia, 1995 (2)
Dr. G. Turner, Nova Scotia, 1996 (2)
Dr. L. Stone, Alberta, 1995 (1)

Dr. Silver is completing his second and final term in 1995. A nomination is required.

Dr. Stone is completing his first term and is eligible for re-election. A nomination is required.

Dr. Peacock will continue with the Council as a consultant.

2 to be elected: 1. _____
2. _____

V. **Council on Education: 11 persons**

Term: 3 years: renewable once

Incumbents: Dr. D. Donaldson, Chairman, (BC) (ACFD) 1996 (1)
Dr. T. Raddall (NS) (CDA) 1997 (1)
Dr. J. Epstein (BC) (CDA HOSP) 1996 (2)
Dr. H. Lyttle (Man) (ACFD) 1995 (2)
Dr. R. Taché (Que) (ACFD) 1997 (2)
Ms. J. Clovis (NS) (CDHA) 1997 (1)
Ms. A. Cant (NS) (CDAA) 1997 (1)
Dr. D. Scott (Alta) (NDEB) 1995
Dr. R. Ellis (Ont) (LIC. AUTH) 1997 (1)
Dr. J. Main (Ont) (RCDC) 1996 (2)
Miss. D. Wells (Ont) (LAY REP.) 1996 (2)

Summary:

In electing the membership of the Council, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person nominated by the Canadian Dental Association.
- (2) One person who is active in Hospital and/or Institutional Dentistry nominated by the Canadian Dental Association.
- (3) Three persons from nominations by the Association of Canadian Faculties of Dentistry.
- (4) One person, being a dental hygienist, and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Hygienists' Association in consultation with the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee.
- (5) One person, being a dental assistant, and a member of the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee nominated by the Canadian Dental Assistants' Association in consultation with the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee.
- (6) One person from nominations by the National Dental Examining Board of Canada.
- (7) One person from nominations of the Provincial Dental Licensing Authorities.
- (8) One person from nominations by the Royal College of Dentists of Canada.
- (9) One Consumer/Public representative who is the representative on the Commission on Dental Accreditation of Canada.

Dr. Lytle is finishing her second and final term in 1995 and a nomination for a new member is required.

Dr. Scott was named by presidential appointment to fill the unexpired term of Dr. Baker ending in 1995. Dr. Scott is eligible for election.

2 to be elected: 1. _____ (ACFD)

2. _____ (NDEB)

VI. Commission on Dental Accreditation of Canada: 15 members

Term: Chairman: 2 years renewable once

Members: 3 years renewable once

Incumbents: Dr. R. Brooke, Chairman, (Ont) (ACFD/DEANS) 1995 (2)
Dr. K. Roach, (Ont) (CDA) 1996 (2)
Dr. D.J. Murphy, (NS) (CDA HOSP. INST. DENT.) 1996 (2)
Dr. D. Banting, (Ont) (ACFD) 1997 (1)
Dr. D. Robert, (PQ) (ACFD) 1996 (2)
Ms. S. Sunell, (BC) (ACFD/ALLIED) 1995 (2)
Dr. L. Harder, (Sask) (NDEB) 1997 (1)
Dr. R.C. Baker, (Man) (NDEB) 1995
Dr. B.E. Leroy, (Alta) (LIC. AUTH.) 1996 (2)
Dr. E. McNee, (BC) (LIC. AUTH.) 1997 (1)
Dr. G. Maranda, (PQ) (RCDC) 1995 (2)
Mrs. B. Copp, (NB) (CDAA) 1997 (1)
Prof. M. Forgay, (Man) (CDHA) 1996 (2)
Dr. S. Brayton, (NS) (CDA/DENT. SPEC.) 1997 (1)
Miss. D. Wells, (Ont) (LAY REP) 1996 (2)

Summary:

In electing the membership of the Commission, the Board of Governors will ensure that representation is constituted as follows:

- (1) One person appointed by the Canadian Dental Association
- (2) One person who is active in Hospital and/or Institutional Dentistry appointed by the Canadian Dental Association
- (3) Three persons appointed by the Association of Canadian Faculties of Dentistry, one of which shall be a representative of the Committee of Deans
- (4) One person appointed by the Association of Canadian Faculties of Dentistry's Allied Dental Educators Committee
- (5) Two persons appointed by the National Dental Examining Board of Canada
- (6) Two persons appointed by the Provincial Dental Licensing Authorities
- (7) One person appointed by the Royal College of Dentists of Canada
- (8) One person appointed by the Canadian Dental Assistants' Association
- (9) One person appointed by the Canadian Dental Hygienists' Association
- (10) One person appointed by the Canadian Dental Association in consultation with the Presidents of Specialty Sections
- (11) A lay person appointed by the Commission on Dental Accreditation of Canada

Commission members Drs. Brooke, Maranda and Ms. Sunell are finishing their second and final terms in 1995. Nominations are required.

Dr. Baker was named by presidential appointment to fill the unexpired term of Dr. Watson ending in 1995. Dr. Baker is eligible for election.

- 4 to be elected:
1. _____ (ACFD/DEANS)
 2. _____ (RCDC)
 3. _____ (ACFD/ALLIED)
 4. _____ (NDEB)

VII. Committee on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: Col. M. Deyette, Chairman, Borden, 1995 (2)
Dr. B. Barrett, Charlottetown, 1996 (1)
Dr. B. Leroy, Edmonton, 1997 (2)
Dr. P. Lobb, Victoria, 1995 (1)
Vacant

Summary:

Col. Deyette is completing his second and final term in 1995. A nomination is required.

Dr. Lobb is finishing his first term and is eligible for re-election. A nomination is required.

There is one vacancy which has not been filled by appointment.

- 3 to be elected:
1. _____
 2. _____
 3. _____

VIII. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Service Plans Inc.

None to be elected.

IX. Committee on Community and Institutional Dentistry: 9 members

Term: 3 years: renewable once

Incumbents: Dr. W. Steggles, Chairman, (Ont) (G.P.) 1995 (2)
Dr. T. Petty, (AB) (G.P.) 1997 (2)
Dr. N. Farrell, (Ont) (PUB. HEALTH) 1995 (2)
Dr. R.D. Anderson (NS) (PEDIATRIC) 1997 (1)
Ms. J. Smorang, (Alta) (DENT. AUX) 1995 (1)
Mr. A. Dolan, (Ont) (CDN HOSP. ASSN) 1997 (1)
Dr. T. McGaw (Alb) (OR. BIOL./PATHO.) 1997 (1)
Dr. J. Chimilar, (Man) (O. & M. Surg.) 1995 (1)
Maj. E. Swan, (Ont) (CFDS) 1997 (1)

Summary:

The Committee on Community and Institutional Dentistry shall reflect in its composition, representation of the major geographic regions of Canada, and will comprise 2 general dental practitioners, 1 oral and maxillofacial surgeon, 1 oral pathologist/oral biologist, 1 representative of public health dentistry, 1 representative of pediatric dentistry, 1 representative of dental auxiliaries, 1 representative of the Canadian Hospital Association, and 1 representative from the Canadian Forces Dental Services.

Drs. Steggles and Farrell are completing their second and final terms. Nominations are required.

Ms. Smorang and Dr. Chimilar are finishing their first term and are eligible for re-election.

- 4 to be elected:
1. _____ (G.P.)
 2. _____ (PUB. HEALTH)
 3. _____ (DENT. AUX)
 4. _____ (O. & M. SURG.)

X. Committee on Nominations and Awards: 4 members

Term: 3 years

Incumbents: Dr. B. Dolman, Chairman, Montreal, 1997
Dr. L. Allen, Winnipeg, 1995
Dr. B. Dolansky, Ottawa, 1996
Dr. R. Wenn, Charlottetown, 1997

Summary:

The Committee on Nominations and Awards shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Vice-President who acts as Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents. .

As Vice-President, Dr. Dolman was appointed Chairman by the President.

Dr. Allen will complete his term in 1995 and a nomination from the floor is required.

1 to be elected: 1. _____

NOMINATIONS FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum).

PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nominations for: Chairman of the Board _____
 Vice-President _____
 Executive Council _____
 Council/Committee/ _____
 Commission _____

*** NOTE:** Affiliate members are not eligible for nomination to the Executive Council.
 Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name: _____

Candidate's Address: _____

Postal Code: _____

A brief one page biographical sketch must be attached to nominations.

In accordance with the stipulations of the Constitution as to regional or other representation, and, as to my entitlement to make nominations, I propose the above candidate for nomination.

PLEASE PRINT OR TYPE THE FOLLOWING

Nominator: _____ Office/Position: _____

Signature: _____

**** NOTE:** Please notify the candidate's provincial association identifying the candidate and the office, council, committee or commission to which he/she has been nominated.

ACCORDING TO ARTICLE XXI SECTION I OF THE CONSTITUTION, THE FOLLOWING APPLIES:

CONFLICT OF INTEREST

- (a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- (b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- (c) The above provisions apply automatically to the members of the various Commissions, Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council, Commission or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- (d) All nominees for election or appointment to Councils, Commissions or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- (e) That, of itself, being a trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- (f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils, Commissions and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.
- (g) The Board shall be the final authority on any disputed conflict of interest.

Article XXI Section I of the Constitution appears on page two of this nomination form. This Article deals with possible potential conflicts of interest.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

- (a) I have no known possible potential conflict of interest _____
- (b) I have possible conflict of interest _____

(if (b) please explain potential conflict on the reverse of this form)

I agree to permit my nomination and qualify by Active _____ Affiliate _____
Student _____ Membership in the CDA.

Membership in _____ (Corporate Member).

I agree to permit my nomination; I am not eligible for membership in CDA in the above categories _____ .

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION

SIGNATURE OF NOMINEE _____

**PLEASE INDICATE ON REVERSE SIDE ANY POSSIBLE
POTENTIAL CONFLICT OF INTEREST:**

Return this completed form by April 7, 1995, to:

**Dr. Barry Dolman, Chairman
Committee on Nominations and Awards
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6**

SAMPLE

BIOGRAPHICAL INFORMATION

NAME: John Doe Dentist

ADDRESS: 123 Molar Street, Toronto, Ontario

DATE AND
PLACE OF BIRTH: June 24, 1943, London, Ontario

POSITION/PRACTICE: Private Practice: Specialty limited to Orthodontics

EDUCATION: High School(s) and University(ies)
Hamilton High
University of Western Ontario
University of Toronto - Post Graduate Studies (Orthodontics)

DEGREES: (with dates)
D.D.S. (Western Ontario 1967)
Diploma in Orthodontics - (Toronto, 1972)

EXPERIENCE: Including previous appointments, Military Service,
Publications, Research Projects, etc.

General Practice - 1967-1970 - Hamilton
Specialty Practice - Orthodontics, 1970-1986 - Toronto
Past-President - Toronto Dental Society 1980-82
Board Member ODA - 1981-86
Chairman, Economics Committee - ODA
Member Council Education, CDA 1985 Published 3 papers
Contribution to Text Book, "Ortho in '80's"

ORGANIZATIONS: Association or Club Membership

Ontario Dental Association
Canadian Dental Association
Toronto Orthodontic Club
Alpha Beta Gamma
F.I.C.D;
F.R.C.D. (C)
F.A.R.E.

OTHER: 1973-1979: Part-time demonstrator - Ortho - University of
Toronto
1979-1986: Part-time lecturer - Ortho - University of
Toronto

AWARDS: Military, Academic, etc.

CANADIAN DENTAL ASSOCIATION

BIOGRAPHICAL INFORMATION**NAME:****ADDRESS:****DATE AND PLACE OF BIRTH:****EDUCATION:****PRACTICE:****EXPERIENCE:****ORGANIZATIONS:****OTHER:****FAMILY:**

CANADIAN DENTAL ASSOCIATION

A W A R D S

There are four categories of major awards: Honorary Membership, Distinguished Service Award, Award of Merit and Certificate of Merit.

1. Honorary Membership

Honorary Membership is the highest award of the Association. Its purpose is to recognize the individual deemed to have made outstanding contributions to the art and science of dentistry, or to the dental profession, over a sustained period of time. Although this award may be for service that is provincial, national or international in nature, an outstanding contribution at the national level shall be a principal consideration. It should in no way be viewed as an automatic award following a great number of years of practice and/or combination of above. Due to the distinctive nature of the honorary membership award, only in the most unusual circumstances will there be more than one or two awards conferred in any one year. An award each year shall not be considered a requirement.

Nomination

Candidates must be nominated by the Honors and Awards Sub-Committee, with input from and consultation with the corporate bodies and/or appropriate affiliated organizations. All nominations and supporting documents are to be reviewed by the Honors and Awards Sub-Committee and recommendations referred to the Executive Council.

Format: The format of this award shall be a personalized parchment scroll, and an appropriate lapel pin.

It is proposed that honorary members (if they are licensed dentists) be exempt from payment of the CDA portion of the annual licence fee, but that they retain all of the rights and privileges of an active member. In addition, an honorary member and companion may attend both the scientific and social functions and the annual meetings and conventions held under the auspices of the Association without payment of a registration fee.

Presentation: This award shall be presented at a suitable formal occasion at the annual meeting by the President of the Association.

2. Distinguished Service Award

This award may be given to a dentist or other person to recognize either an outstanding contribution in a given year, or outstanding service over a number of years. It may also recognize outstanding contributions to the dental profession at the academic level, corporate level, specialty society, council, commission or committee level. Although it would be normal to present only one distinguished service award in a given year, it should be possible under exceptional circumstances to award more than one distinguished service award in a particular year. An award each year shall not be considered a requirement.

Nomination

Candidates must be nominated by the Honors and Awards Sub-Committee, with input from and consultation with the corporate bodies and/or appropriate affiliated organizations. All nominations and supporting documents are to be reviewed by the Honors and Awards Sub-Committee and recommendations referred to the Executive Council.

Format: The format of this award shall be an appropriately engraved plaque.

Presentation: This award shall be presented at a suitable formal occasion at the annual meeting by the President of the Association or a designated member of the Management Committee.

3. Award of Merit

The award will be conferred upon an individual who has served in an outstanding capacity in the governing of the Canadian Dental Association or who has made similar outstanding contributions to Canadian Dentistry.

- at least 2 full terms as governor of the Association;
- at least 2 full terms on the Executive Council;
- a number of years of service to any dental organization, institution or specialty section;
- at least 4 years as a Council/Commission/Committee Chairman

A specific number of awards should not be mandatory in any given year. Automatic receipt of this award should not be assumed because of the fulfilment of any or all of the above requirements. An award each year shall not be considered a requirement.

Nomination

Candidates must be nominated by the Honors and Awards Sub-Committee, with input from and consultation with the corporate bodies and/or appropriate affiliated organizations. All nominations and supporting documents are to be reviewed by the Honors and Awards Sub-Committee and recommendations referred to the Executive Council.

Format: The format of this award shall be an appropriately engraved plaque.

Presentation: Awards will be presented at a suitable formal occasion, depending on the position and location of the recipient of the award. Wherever possible, the President of the Association or his designate will present the award.

4. Certificate of Merit

This award is to recognize any special service at any level of dentistry within the country. In general, it will be reserved for dentists and other persons who have given at least one full term of service in such areas as Councils of the Association, or long standing service at the corporate or specialty section level. An award each year shall be considered a requirement.

Nomination

The Honors and Awards Sub-Committee will receive and review the nominations and/or nominate candidates. Recommendations are referred to the Executive Council.

Format: The format of this award shall be a personalized parchment scroll.

Presentation: The award shall be presented at a suitable formal occasion, depending on the position and location or the recipient of the award. Whenever possible, the President of the Association or his designate shall present the award.

5. **Letter of Appreciation**

A letter of appreciation will be written by the President of the Association to all other contributors at the committee, commission, council or Board level who do not qualify for the other awards by either time or qualifications.

6. **Past-President Award**

To recognize service and contributions as President of the Association

Format: The format shall be a past-president lapel pin and an appropriately engraved plaque.

Presentation: This award shall be presented at an appropriately formal occasion, at the annual meeting by the incoming President of the Association.

OTHER AWARDS

1. **Special Friend of Canadian Dentistry**

The Special Friend of Canadian Dentistry Award is designed in appreciation and thanks for friendship and assistance to the Association.

Nomination

Nominations in this category will be initiated by the Honors and Awards Sub-Committee, in consultation with the various resources available to them.

Format: The format of this award shall be an appropriately engraved plaque.

Presentation: This award shall be presented at a suitable formal occasion at the annual meeting by the President of the Association or a designated member of the Management Committee.

2. **Canadian Dental Research Foundation Award** (Section to be removed)

- \$2,000 bi-annually
- To be presented at an official CDA Function
- The recipient is to be funded to present the research paper at the ACFD/CADR Bi-annual meeting, if he/she so desires.
- The recipient is to be funded to attend the CDA Convention in the year in which he/she won the award.

3. Universities

CDA President's Award

To be awarded to a graduating student in every dental faculty in the country.

Must be a student CDA Member

Nomination

The winners are to be selected by each Faculty Awards Committee. Each winner is to be a graduating student from the undergraduate program who, over his/her undergraduate years, has shown outstanding qualities of leadership, scholarship, character, and humanity and who may be expected to have a distinguished career in the dental profession and society at large.

This award may be withheld on recommendation of a Faculty Awards Committee in the event there is no sufficiently qualified candidate.

Format: A cheque in the amount of \$500.00 plus a hand-lettered parchment scroll.

Presentation: The award will be presented at a suitable formal occasion, depending on the position and location of the recipient of the award. Wherever possible, the President of the Association or his designate will present the award.

Revised 01/17/95

BIOGRAPHICAL INFORMATION - Honorary Membership

NAME: Arthur Schwartz

ADDRESS: P.O. Box 533, Ashern, MB, R0C 0E0

DATE OF BIRTH: June 22, 1923

POSITION: Director, Community Dentistry & Outreach Program, Faculty of Dentistry, University of Manitoba

EDUCATION: High School - Ashern, Manitoba
Pre Dental - United College and University of Manitoba
Dentistry - University of Toronto, D.D.S. 1945

EXPERIENCE: Royal Canadian Dental Corps 1944-47
Private Practice - Kenora, Ontario 1947-55
Director, Dental Services, Department of Health, Province of Manitoba 1955-58
Private Practice - Kenora, Ontario and Winnipeg, Manitoba 1958-71
Executive Director, Progressive Conservative Party of Manitoba 1967-69
Regional Dental Officer - Manitoba Region, Health and Welfare Canada, Medical Services Branch 1971-73
Regional Director, Manitoba Region, Health and Welfare Canada, Medical Services Branch 1973-77
Regional Director, Ontario Region, Health and Welfare Canada, Medical Services Branch 1977-78
Dean, Faculty of Dentistry, University of Manitoba, 1978-89
President, ACFD, 1988-89
Chairman, CDA Council on Education and Accreditation, 1983-89
Chairman, CDA Council on Accreditation, 1989-92
Board of Directors, Canadian Dental Foundation, 1989-93

ORGANIZATIONS: Winnipeg Dental Society - Life Member
Manitoba Dental Association - Honorary Life Member
Canadian Dental Association - Life Member
American Association of Dental Schools
Canadian Association of Dental Research
American Association of Dental Research
International College of Dentists
American College of Dentists
O.K.U. Honorary Dental Society
Federation Dentaire Internationale
Pierre Fauchard Academy

BIOGRAPHICAL INFORMATION:- Honorary Membership

NAME: Helene Shingles

ADDRESS: 888 Lakeshore Rd., Sarnia, Ontario N7V 2V2

**DATE AND PLACE
OF BIRTH:** August 12, 1917

POSITION/PRACTICE: Volunteer oro-dental services for seniors

EDUCATION: 1939 - University of Warsaw diploma, Doctor of Stomatology
1953-56 - D.D.S. Degree from University of Toronto

EXPERIENCE: 1939-45- Arrested by Nazi regime and interned in a concentration camp near Regensburg-Munchen, Dachau
1945 -Transported to U.S. military hospital, Tobruk, North Africa for medical treatment
1947 -Returned to Munchen to Displaced persons camp housing survivors from concentration camp
1948 -Worked with medical team of U.N.R.A.A. (presently part of United Nations)
1950-51 - Immigrated to Canada and worked on Canadian Farm
1951-53 - Chemist at Sydenham Trading Co., Wallaceburg, Ontario
1956-57 - Intern, Dental Surgery Dept., Toronto General Hospital
1957-77 - Private Practice, Sarnia, Ontario
1978-79 - Volunteer Work, "Meals on Wheels"
1979 - Survey of institutionalized and handicapped home-bound in Sarnia with regard to their oro-dental status
1980 - Started volunteer oro-dental services at Marshall Gowland Manor, Bestview Home, Trillium Villa, St-Joseph's Health Care Centre and for home-bound seniors in Sarnia-Lambton County. Currently in 15th year of operation.

ORGANIZATIONS: Life Member, Canadian Dental Association
Ontario Dental Association

AWARDS: 1982 - Fellowship Award, Royal Society of Health, London, England
1987 - "Fraternalist of the Year" National Fraternal Congress of America Benefit Society N.A.B.A.
1989 - Municipal Volunteer Award - Sarnia
1992 - Service Award, Ontario Dental Association
1993- Recognition by the Board of St-Joseph's Health Care Centre, Sarnia
125th Anniversary of Confederation of Canada Commemorative Medal from the Governor General of Canada
1994 - Two service awards from the Council of County of Lambton

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Michel Jahjah

ADDRESS: 420-3333 Queen-Mary Street,
Montreal, Quebec, H3V 1A2

PLACE OF BIRTH: Cairo, Egypt

PRACTISE: Private Practise - General Dentistry - Montreal, Quebec

EDUCATION: 1958, B.A, Victoria College, Cairo, Egypt
1964, B.C.H.D., Cairo University, Egypt
1970, D.D.S., Faculty of Dentistry, Université de Montréal
1975, Certificate of Management, École des Hautes Études
Commerciales

EXPERIENCE: President, Dental Society of Montreal, 1976-77
Board of Administration, Dental Society of Montreal, 1971-78
Co-Founder, Federation of Dental Societies of Montreal
Co-Director of the Dental Section of the Montreal Olympic Games
Organizing Committee, 1976
Administrator and Member of the Executive Committee, Order of
Dentists of Quebec, 1979-94
Vice-President, Order of Dentists of Quebec, 1983-86
Chairman, Continuing Education Committee, ODQ
Clinician, Université de Montreal, 1970-76
Speaker and Clinician
Member, Accreditation Committee, Canadian Dental Association
Member, Executive Committee & Examiner, National Dental
Examining Board
President, Organizing Committee, Journées Dentaires du Quebec,
1982-88
General Chairman, Canadian Dental Association Conventions,
1989-1995
General Chairman, FDI World Dental Congress in Vancouver,
1994
Member, Organizing Committee Journée dentaire du Québec,
1977-88

ORGANIZATIONS: Canadian Dental Association
Dental Society of Montreal
Order of Dentists of Quebec
American Academy of Dental Group Practise
Conference of Dental Meetings (U.S.A.)
Québec Dental Surgeons Association
American College of Dentists
World Dental Federation

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: Dennis Clifford Smith

ADDRESS: University of Toronto, Faculty of Dentistry, 124 Edward St.,
Toronto, Ontario, M5G 1G6

DATE AND PLACE OF BIRTH: Lincoln, England - 24 March 1928

POSITION: Professor & Head, Department of Biomaterials
Faculty of Dentistry, University of Toronto
Founding Director, Centre for Biomaterials, University of Toronto

EDUCATION: B.Sc. University of London - 1950
M.Sc. University of London - 1953
Ph.D. University of Manchester - 1957
D.Sc. University of London - 1979
Certified Chemist, Royal Society of Chemistry, 1978

EXPERIENCE: University of Toronto: Professor, Dental Materials Sciences;
Member, Governing Council; Member, Executive Committee,
Faculty of Dentistry.
Health and Welfare Canada: Member, Advisory Committee on
Medical Devices; Member, Review Committee on Medical Devices,
Health Protection Branch.
Canadian Dental Association: Member, Council on Dental Materials
and Devices.
International Association of Dental Research: Founding President,
Implantology Research Group.
Guest Lecturer, Author of numerous publications and books

HONOURS AND AWARDS: Honorary Fellow, International College of Dentists, 1983
International Lecturer of the Year Award, 1984, Academy of
International Dental Studies
Hollenback Memorial Prize, Academy of Operative Dentistry, 1990
Fellow, Royal Society of Canada, 1991
Honorary Fellow, Royal College of Dentists of Canada, 1992
Faculty Award, University of Toronto Alumni Association, 1993
MEDEC Award for Medical Achievement, Medical Device
Manufacturers Association of Canada, 1993
Honorary D.Sc., McGill University, 1993

FAMILY: Married, with six children

BIOGRAPHICAL INFORMATION - Distinguished Service Award

NAME: James N. Wright

ADDRESS: Faculty of Dentistry, University of Manitoba
D113 - 789 Bannatyne Ave.
Winnipeg, Manitoba R3E 0W2

DATE AND PLACE OF BIRTH: 1933, Lethbridge, Alberta

POSITION: Dean and Professor of Periodontics, Faculty of Dentistry, University of Manitoba

EDUCATION: D.D.S., University of Alberta, 1956
Cert. Perio, Walter Reed Medical Centre, Washington, DC - 1965
M. Sc. D. (Oral Pathology), University of Toronto, 1969
M.R.C.D. (C.), Royal College of Dentists of Canada, 1982
N.D.C., National Defence College Graduate - 1981

EXPERIENCE: Canadian Dental Services Plans Inc.: Management Committee, 1990-present; Board of Directors, 1984-90
Canadian Dental Association: Ad Hoc Committee on Certification Processes for Dental Specialists, 1988-present; Chairman, Committee on Dental Specialties, 1987-90; CDA Governor, 1981-86; Committee on Reorganization, 1974-75
FDI International Dental Federation: Chairman, Commission on Defense Forces Dental Services (CDFDS), 1988-90; Vice-Chairman, CDFDS, 1985-88; Chairman, Working Group 4, CDFDS, 1981-86
Director General, Dental Services (DGDS) - 1982 - 86; Director, Dental Treatment Services - 1976-77; 1981-82; Commandant, Canadian Forces Dental Services School (CFDSS) - 1977-80
1990-present - Chairman, University of Manitoba ACFD Committee

ORGANIZATIONS: Canadian Dental Association, International College of Dentists, International Dental Studies Academy

AWARDS: Omicron Kappa Upsilon Honorary Dental Society 1990; Fellow, American College of Dentists, 1988; Award of Merit, Canadian Dental Association, 1986; Outstanding Dental Alumnus, Achievement Award, University of Alberta, 1986; Fellow, Pierre Fauchard Academy, 1985
Gold Medal - U.S. Army Institute of Dental Research, 1965
Queen's Honorary Dental Surgeon - 1980

(updated June 1995)

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Richard Mark Beyers

ADDRESS: 24 Pittsford Close
Waterloo, Ontario

DATE AND PLACE OF BIRTH: November 18, 1941
Kitchener, Ontario

POSITION/PRACTICE: Private Practice: General Practitioner

EDUCATION: Kitchener-Waterloo Collegiate
University of Toronto

DEGREES: D.D.S. (University of Toronto) 1966

EXPERIENCE: General Practice: 1966 - Present - Waterloo
Chair, Insurance Committee - ODA
Board Member ODA - 1972-76
Nutrition Committee - ODA
Executive Committee - Waterloo-Wellington Dental Society
- 1972-76 & 1984-93
Director, CDSPI - 1976
Insurance Council CDA
Council RCDS - 1985-94
President, RCDS - 1991-94

ORGANIZATIONS: Waterloo-Wellington Dental Society
Ontario Dental Association
Canadian Dental Association
FICD

OTHER: Board Member Kitchener-Waterloo Family Y
Chair, Adult Program Committee, Kitchener-Waterloo Family Y
Council Member, Waterloo District Health Council

AWARDS: RCDS Award for Meritorious Service on Council

BIOGRAPHICAL INFORMATION

Award of Merit

- NAME:** Marcia A. Boyd
- ADDRESS:** Faculty of Dentistry, University of B.C., 350-2194 Health Sciences Mall, Vancouver, B.C., V6T 1W5
- EDUCATION:** Predental - University of Calgary
Dentistry - University of Alberta, D.D.S, 1969
Graduate - University of B.C., M.A. 1974
- PRACTICE:** Private practice - 1969 - present
Health and Welfare Canada, Eastern Arctic
Metropolitan Health, City of Vancouver
Associate Dean, Faculty of Dentistry, UBC
- EXPERIENCE:** Canadian Dental Association
Council on Education and Accreditation; Council on Education, 1989-92; Dental Admissions Test Committee, Documentation Committee of Council; Accreditation Survey Team, Chair and member
Member, 1994 FDI Word Congress Organizing Committee
University of British Columbia, Faculty of Dentistry
Faculty Committees; Associate professor, Operative Dentistry; Associate Dean, Academic and Student Affairs; Curriculum Committee, Chair; Dean Faculty of Dentistry, 1993-94
Association of Canadian Faculties of Dentistry
Elected Delegate; Education Committee, Chair and Member; Executive Council: Member, Treasurer, Vice-President, President-Elect, President and Past-President
American Association of Dental Schools
Council of Deans, Member; Operative Dentistry Section, Secretary, Chair-elect, Special Committee on Women and Minorities in Dental Education; Editorial Board, Journal of Dental Education
FDI International Dental Federation
Commission on Dental Education and Practice
- ORGANIZATIONS:** College of Dental Surgeons of B.C., International Association of Dental Research/Canadian Association of Dental Research, Vancouver and District Dental Society, American Society of Dentistry for Children

BIOGRAPHICAL INFORMATION - Award of Merit

NAME: Bernard E. White

ADDRESS: 801 CN Towers, Saskatoon, Saskatchewan, S7K 1J5

DATE AND PLACE OF BIRTH: January 6, 1948, Foam Lake, Saskatchewan

PRACTISE: Private Practice since 1972

EDUCATION: Elementary and Secondary - Foam Lake
D.M.D., University of Saskatchewan, 1972

EXPERIENCE: President, Student Dental Society, University of Saskatchewan, 1971-72
Delegate, First Canadian Dental Student's Conference, 1969
President, Saskatoon Dental Society, 1979
Member of Council, College of Dental Surgeons of Saskatchewan, 1979-84
President, College of Dental Surgeons of Saskatchewan, 1983
Governor, Canadian Dental Association, 1990-1994
Executive Council, Canadian Dental Association, 1990-1994
Past or present Executive Liaison, Canadian Dental Association to Committees on - Student Affairs, Consumer Products Recognition, Dental Materials and Devices, Third Party Dental Plans, Taxation, DAT, Ethics, Communication Steering and the Council on Constitution and By-Laws.

ORGANIZATIONS: Canadian Dental Association
College of Dental Surgeons of Saskatchewan
Saskatoon Dental Society
International College of Dentists
Canadian Association of Dental Consultants

OTHER: Clinical Instructor, College of Dentistry, University of Saskatchewan, 1977-87
Clinical Examiner, National Dental Examining Board of Canada, 1983-86
Dental Consultant, MSI-Blue Cross (Sask.) 1989-present
President, Executive Member, Saskatoon Marian Gymnastic Club, 1979-88
East College Park Community Association, 1986-90
Saskatoon Blades Booster Club, 1973-81

CDA COMMITTEES OF EXECUTIVE COUNCIL

1. CDAnet Committee - 7 members

Term: 2 years: renewable 3 times

Eligibility: Special qualifications required

Incumbents: *Dr. L. Allen, Winnipeg - Chairman 1995
 *Dr. D. Anderson, Windsor 1995
 Dr. J. Brass, Comox 1995 (1)
 Dr. A. Dean, New Waterford 1995 (1)
 Dr. L. Dugal, Calgary 1995 (3)
 Dr. D. Gutkin, Winnipeg 1995 (3)
 Vacancy - Ontario Representative

° Number in brackets indicates term number

*Note - Dr. Allen is filling the unexpired term of Dr. Bernard Dolansky

- Dr. Anderson is filling the unexpired term of Dr. Mac Balfour

2. Committee on Consumer Products Recognition - 6 members

Term: renewable annually

Eligibility: Special qualifications required

Incumbents: Dr. M. Eggert, Edmonton - Chairman 1995 (8)
 Dr. H. Limeback, Toronto 1995 (8)
 Dr. L. Desnoyers, Boucherville 1995 (2)
 Dr. E.C.S. Chan, Montreal 1995 (7)
 Dr. H.S. Sandhu, London 1995 (7)
 Dr. D. Haas, Toronto, 1995 (5)
 Mrs. M. Ho, (observer - Health Canada)

° Number in brackets indicates number of years service

/...2

3. Convention Committee - General Chairman
- Members (local arrangements support)

Term: Annually appointed (Chairman)

Eligibility: Special qualifications required

Incumbents: Dr. M. Jahjah, Montreal - Chairman 1987 (8)

4. Committee on Dental Materials and Devices - 7 members

Term: renewable annually

Eligibility: Special qualifications required

Incumbents: Dr. D. Jones, Halifax - Chairman 1995 (17)
Dr. B. Conrod, Sydney 1995 (2)
Dr. P. Desautels, Montreal 1995 (18)
Dr. L. Johnson, London 1995 (18)
Dr. D. Ruse, Vancouver 1995 (2)
Dr. D. Smith, Toronto 1995 (18)
Dr. P.T. Williams, Winnipeg 1995 (17)
Dr. A. Chawla, (observer, Medical Devices Bureau, Health Canada)
Dr. S. Chander, (observer, Medical Devices Bureau, Health Canada)
Ms. L. Leinan, (observer, Industry Canada)

° Number in brackets indicates number of years service.

5. Committee on Communications and Membership - 7 members

Term: Chairman - 2 years: non-renewable
Members - 3 years: renewable once
Executive Council Members - annually appointed
*Recent Graduate - 2 years: non renewable

Incumbents: Dr. J. Diggins, Vancouver - Chairman 1996 (1)
Dr. D. Somer, Hamilton, 1996 (1)
Dr. L. Dubé, Sherbrooke, 1996 (1)
Dr. G. Austman, Windsor, 1996 (1)
*Dr. M. Fatahzadeh, Vancouver, 1996
Dr. C. Fortier, Québec, 1997 (1)
Dr. J. Pearce, Toronto, 1995 (1)

° Number in brackets indicates term number (First terms were staggered)

6. Government Relations Committee - 3 members

Term: 3 years: renewable once

Incumbents: Dr. B. Dolman, Montréal - Chairman 1995
Dr. E. MacSween, Ottawa 1996 (3)
Dr. R. Wenn, Charlottetown 1996 (1)

Sub-Committee on Medical Services Branch (Ad Hoc):

Dr. B. Dolman, Montréal - Chairman
Dr. B. Holmes, Kenora
Dr. E. MacSween, Ottawa

Sub-Committee Canadian International Development Agency:

Dr. B. Dolman, Montréal - Chairman
Dr. E. MacSween, Ottawa

/...4

7. Taxation Committee - 4 members

- Term: renewable annually
- Eligibility: Expertise required
- Incumbents: Dr. R. Hicks, Vancouver - Chairman 1995 (16)
Dr. B. Dolman, Montréal 1995 (1)
Dr. E. MacSween, Ottawa 1995 (8)
Dr. R. Wenn, Charlottetown 1996 (1)
- Summary: The members of the Government Relations Committee, shall also be the members of the Taxation Committee.

° Number in brackets indicates number of years service

8. Third Party Dental Plans Committee - 4 members

- Term: 2 years: 3 renewals
- Eligibility: Special interests and qualifications
- Incumbents: Dr. L. Dugal, Calgary - Chairman 1996 (3)
Dr. D. Anderson, Windsor, 1996 (3)
Dr. D. Tobias, Vancouver, 1995 (2)
Dr. A. Dean, New Waterford, 1995 (2)

° Number in brackets indicates term number

NOTE: All Chairperson positions are subject to annual appointment or re-appointment by the President. Vacancies occurring during the year are filled by Presidential appointment in consultation with the Chairperson.



MEMORANDUM

January 25, 1995

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

TO: Presidents - Provincial Dental Associations
and Provincial Licensing Bodies

FROM: Barry Dolman, Chairman
Committee on Nominations and Awards

SUBJECT: CEO's Candidacy for CDA Awards

CDA policy encourages the Committee on Nominations and Awards to review the contributions made by CEO's of Provincial and Licensing Bodies across Canada and consider such persons for awards as appropriate.

Attached for your consideration are the guidelines for CDA awards and lists of recipients for each category. I would request that you review these guidelines and consider the submission of nominations as you deem suitable.

It is intended that awards be bestowed at the Awards Luncheon during the Annual Meeting of the CDA Board of Governors in Ottawa, August 25-26, 1995. All awards are designated by the Executive Council on recommendation of the Committee on Nominations and Awards. The Committee will meet on April 28, 1995. It would be appreciated, therefore, if you would submit your recommendation no later than **April 7, 1995**.

Attachment



APPENDIX IX

1995 RECIPIENTS OF THE CDA PRESIDENT'S AWARD

<u>University</u>	<u>Recipient</u>
University of Alberta	Ronald Beauchamp
University of British Columbia	Kimberley Kent
University of Manitoba	Jeffrey Blake Sinclair
Dalhousie University	Andrew J. Halpin
Laval University	Keith Chamberlain
University of Western Ontario	Penelope L. Lownie
University of Toronto	Adriano Di Santo
McGill University	Fereidoun Harandian
University of Montreal	Mireille Faucher
University of Saskatchewan	Todd Jonathan Jarotski

COMMITTEE ON STUDENT AFFAIRS

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Ms. Sylvie Moreau, University of Alberta, Chairman
Mr. Andy Penuvchev, University of Toronto, Student Governor
Dr. Cory Sul, Winnipeg, Past Governor
Dr. Navid Sarooshi, Toronto, Past Chairman
Mr. Ralph West, University of Toronto, Governor-Elect
Ms. Geeta Sikka, Dalhousie University, Chairman-Elect
Mr. Jason Harvey, University of Saskatchewan
Ms. Danièle Larose, Université de Montréal
Mr. Periklis (Perry) Vitoratos, McGill University
Mr. Saurabh Srivastava, University of Manitoba
Mr. Louis Dorval, Université Laval
Mr. Rand Barker, University of British Columbia
Mr. Ron Brierley, University of Western Ontario
Ms. Nellie Trinh, University of Alberta

Executive

Liaison: Dr. Louis Dubé, Sherbrooke, Québec

Senior Staff: Miss Linda Teteruck, Director of Communications

Coordinator: Mrs. Beverly Chéné

1. Committee Meetings

The Committee on Student Affairs (CSA) met June 4, 1995 at CDA Headquarters in Ottawa. Student representatives attending this meeting are members of the Junior Committee on Student Affairs. The meeting was preceded by the Canadian Dental Students' Conference on Saturday, June 3, 1995.

The Senior CSA will meet August 29-30, 1995 in Ottawa during the CDA convention.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

2. Support for Development of a New Dentists' Program

The CSA is pleased to learn that the Communications and Membership Committee is recommending the establishment of an ad hoc committee to plan the development of a new dentists' program by CDA. We also are pleased that the chairman of the CSA and our executive liaison will be formal members of this ad hoc committee. The CSA is eager to provide advice and assistance in the development of this program.

3. Membership Figures 1994-95

Student membership in 1994-95 parallels that of the previous year at 92%. While the committee is encouraged that membership remains high, there is also recognition by representatives that it is sometimes difficult to convince first year students to pay the one-time CDA membership fee for their entire undergraduate years. Individual student concerns will be addressed by the representatives on a one-on-one basis. CDA's aim is to have all students join the association and, if flexibility is required in exceptional circumstances for the payment of their fee by the deadline date, this will be reviewed on an as-needed basis.

It was also concluded that information about CDA membership should be sent out to newly accepted first year students in advance of orientation week so they will know about CDA membership prior to enrolment and can budget accordingly for the fee. Each CSA representative will take on this task at his/her individual dental school.

4. Communication between Representatives

Communications between CDA representatives at the dental schools appears to be a problem, particularly between the newly elected representative and the third and fourth year reps. It was agreed that formal methods of communication will be established at each school to address this problem so that CDA representatives in each class will understand their role and have the appropriate background knowledge of CDA to fulfil their responsibilities.

5. Election Results

The CSA congratulates Ralph West, University of Toronto, and Geeta Sikka, Dalhousie University, who were elected to the positions of governor-elect and chairman-elect, respectively, at the June CSA meeting.

6. CSA Position Papers

APPENDIX I

Development of CSA position papers continues to be an important vehicle for the expression of student views and opinions both within CDA and within other groups of organized dentistry. A student position paper on the Future of Dental Internships in Canada was developed by Dr. Navid Sarooshi (University of Toronto), and a paper on the grading system in dental schools is being developed by Dr. Cory Sul (University of Manitoba). It was also suggested at our meeting that a position paper on student loans be developed by Andy Penuvchev, student governor, for the next meeting of the committee in August.

7. Development of a Code of Ethics for Students

Following on discussions between the ACFD and the CSA and the ACFD's development of a Code of Ethics/Responsibilities for Dental Educators, the CSA has been asked to develop a similar code for students. A first draft was reviewed by the committee at its June meeting and will be further discussed and refined at its next meeting in August. The committee is optimistic that this will be a landmark document that will be useful for all professors and students across the country. The CSA is appreciative of the ACFD's support and guidance in the development of this document.

8. Certification and Licensure

Student concern regarding the need to write a certification examination remains high. Although the CSA is encouraged with the high pass rate by Canadian graduates on this examination, it is the ultimate hope of the committee that, because of this high rate of performance, this will demonstrate to licensing bodies and others that there is no need for students to take this examination as a demonstration of their competency at graduation.

9. Development of a Student Exchange Program among Dental Schools

Ms. Sylvie Moreau, CSA chairman, will act as a facilitator in promoting interprovincial exchange programs between dental students across Canada. CDA will not incur any costs with this activity.

10. Membership in the International Association of Dental Students (IADS)

Sylvie Moreau will be officially designated as the national liaison and exchange co-ordinator between the CDA and the IADS. It is noted that the CDA has recently approved a one year trial membership in the IADS and it will be Sylvie's responsibility to evaluate the benefits of this membership once the trial period is complete.

11. Appreciation to the Dentistry Canada Fund (DCF)

The committee appreciates the support it receives from the Dentistry Canada Fund for the students' conference. We consider it an important forum to introduce new CSA representatives to CDA and to the other arms of organized dentistry. We are most appreciative of the DCF for their ongoing support of this important student event.

12. Attendance at Other Meetings

The CSA is also appreciative of the opportunity to attend meetings and liaise with the following organizations: ACFD, NDEB, CDA Council on Education, the Commission on Dental Accreditation of Canada and the American Student Dental Association (ASDA). We find that exchanging information with these organizations provides us with a valuable perspective on our dental and educational environment. We appreciate the support of all these organizations, and in particular CDA, for allowing us to attend.

13. Conclusions

On behalf of the CSA, I would like to thank CDA for its continuing support of student activities. I would also like to thank Dr. Louis Dubé for his invaluable guidance and support at our June meeting and, of course to Beverly Chéné and Linda Teteruck for all of their hard work and effort on our behalf.

Respectfully submitted,

Sylvie Moreau, Chairman
Committee on Student Affairs

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Committee on Student Affairs as information.

DENTAL INTERNSHIP PROGRAMS IN CANADAA CDA Committee On Student Affairs Position Paper

Dental internship programs have existed in Canada for several decades now. They usually consist of a one year post-graduate training program conducted by the universities in the teaching hospitals.

Dental Internships provide an invaluable service to many segments of society including the medically compromised, the mentally and physically handicapped and isolated populations who otherwise would have problems acquiring appropriate care. Furthermore, this service is provided at a phenomenally low cost to all involved parties.

Currently the Internship program is the only program that provides practical training in the management of hospitalized patients and in the treatment of medically compromised patients. It is also the only source of practical training for dentists to work in institutional settings. With general evidence that the number of aging and medically compromised (eg. chronic diseases, Hepatitis, HIV etc.) is growing and will continue to grow in the future, internships become a very important, valuable and relevant post-graduate educational opportunity which focus on precisely these sectors of the population.

These salaried positions have traditionally been funded in part by governmental funding however due to recent fiscal restraints some of this funding has been cut. More specifically in Ontario, the Ministry of Health in March of 1993 announced in a surprise statement that it would stop funding dental internships altogether. This decision was reversed upon vigorous protests from the universities, hospitals, organized dentistry and several other interested groups and promises were made for renewed funding until June 1994. After June 1994, the hospitals and universities are to find alternate means of funding which will seriously put the long term viability of these programs in question.

Dental internship programs provide new graduates with an excellent and unique educational opportunity and as such, threats to their future are a major concern to students across the country. We greatly appreciate the efforts made by organized dentistry and the universities so far and would like to request that the universities and the profession at large continue to put pressure on governments to keep this issue alive. With new advances in medicine, people with complex medical conditions are living longer and every epidemiological study conducted is predicting a substantial increase in the number of aging and chronically disabled patients.

In Ontario, the Ministry of Health commissioned an independent report on the status and future of dental internships and one of their key conclusions was that dental internships are an essential part of health care education in Ontario. Despite this conclusion, the funding was obliterated. Government decisions like this one represent short-sighted, ill informed results of fiscal restraint. The government itself has stated that these programs are cost efficient and provide an essential service.

In order to prevent the loss of this excellent educational vehicle and avoid a future manpower shortage from occurring, we have to be more proactive as a profession now and in the future. Actions could include getting the faculties, provincial associations and interested organizations and patients to communicate with their government officials and to inform them repeatedly of the importance of such care and training. Students and members of the profession should not allow our patients' care to be compromised. We should let the public know that the government will fail to ensure the oral health of an increasingly large segment of the population by abandoning the internship programs and that in the long run everyone stands to lose by such short-sighted decisions.

Respectfully submitted,

Navid Sarooshi
Chairman
CDA Committee on Student Affairs

TAXATION COMMITTEE

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members:	Dr. Robert Hicks, Chairman, Vancouver Dr. Barry Dolman, Montréal Dr. Elizabeth MacSween, Ottawa Dr. Ray Wenn, Charlottetown
Executive Liaison:	Dr. Toby Gushue, St. John's
Senior Staff:	Mrs. Sandra Davis, Manager, Corporate Affairs
Coordinator:	Ms. Martyne Giroux

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

As Chairman of the Taxation Committee, I apologize to the Board for not being able to attend the Annual Board Meeting on August 25-26, 1995. A family event involving my elderly aunt's birthday that weekend requires my attendance. Dr. Elizabeth MacSween, a member of our committee will present this report.

1. Dental Services Agreement

The final draft of a sample Dental Services Agreement (DSA) (formerly referred to as an Associate Agreement) has been completed by the Taxation Committee. This sample document will act as an information source for those dentists or dental hygienists who intend to be hired by primary dentists as independent contractors.

This sample agreement document and the article "Dental Associates/Dental Hygienists - Are They Employees or Independent Contractors?", should be used together as a resource while both the primary dentist and the contract dentist/hygienist develop a customized DSA for their collective needs. It is mandatory that professional advisors, one of which needs to be a lawyer, should be retained by both parties. This will assure that the issues agreed upon between the primary dentist and the contract dentist/hygienist are properly set out in the final dental services agreement, for the protection of both signatories to the document.

While this sample DSA is also an information source for dental hygienists intending to be hired by primary dentists as independent contractors, there are items in the sample agreement that do not apply to dental hygienist issues. Once this sample agreement is received by the CDA Board of Governors, a sample DSA will be produced that includes the pertinent issues involved in an agreement between primary dentists and contract hygienists.

Distribution of this sample DSA and the information included in the article "Dental Associates/Hygienists - Are They Employees or Independent Contractors?", will be decided by the Executive Council or the Board of Governors of the CDA. It is most important that the sample agreement and the information in the article be distributed together as a package with a covering letter under any distribution method. Emphasis must be placed on the facts that the agreement document is a sample agreement for information purposes and that professional advisors must be retained by both parties while individual agreements are developed.

APPENDIX I

Executive Council referred these resource documents to the Communications Department for publication, and distribution to CDA members on request only.

2. 1995 Budget Impact

a) December 31 Fiscal Year-End

For income tax purposes, the December 31 fiscal year-end will be mandatory for all dental practices, whether they are a sole proprietorship or a professional corporation, after December 31, 1994.

The sole proprietorships who operate on a deferred year-end basis, will have to pay the taxes of the deferred year-end and the current 1995 taxes. However, elimination of the deferred year-end basis included the election to pay these taxes over a ten year period. Two CDA publications have printed the actual financial impact on dental practices.

APPENDIX II

Two large negative impacts compound the tax "catch-up" program. Firstly, the 5-10-15% business income from the deferred year that is taxed annually over the ten year period is added on to the current year dental practice income. This results in the deferred tax-year income being taxed at the highest tax rate without deductions available. In addition, dentists will lose one RRSP contribution year.

The Taxation Committee has communicated to the Department of Finance on these very unfair aspects of the treatment of the elimination of the deferred tax-year option.

Professional Corporations were required to pay the tax on their deferred tax-year within one year, along with their current tax-year, when they created their corporations. Professional corporations are required to also move to the December 31 fiscal year-end. There is no final gain to Revenue Canada under this requirement

but it will add even more confusion and busyness on December 31 of each year. The Taxation Committee has also communicated to the Department of Finance on this issue.

b) Year-End for GST

Persons who have a December 31 fiscal year-end and who are GST registrants will have the same year-end for GST purposes. For individuals who file annually for GST purposes, the filing period will also be extended to June 15 but any GST owing will continue to be due on April 30.

Other 1995 Budget items have been reported in CDA's publications. These items included RRSP rules and corporate surtaxes.

3. Technical Service Companies

The Taxation Committee has recently been made aware that a number of Ontario dentists utilizing Technical Service Corporations have attracted Revenue Canada audits.

An article in Oral Health, November 1994, explained the concept of structuring "Technical Service Companies" within a dental practice in order to reduce the tax burden on their income. The basis of this concept is that a dental fee charged to a patient can be allocated or split into professional and technical services revenue components. The technical services for which the patient pays separately, are the services of the receptionist, the dental assistant and hygienist, and the x-rays, etc. The patient pays separately for the dentist's professional services.

The Oral Health article stated that "this concept is based on the fact that the professional associations (ODA and CDA, etc.), recognize that each procedure can be considered a combination of professional and non-professional inputs." In addition, they also stated that "this revenue stream is not dependent on Revenue Canada's administrative policies, since the fee split is recognized by the professional associations".

The Taxation Committee was informed that Dr. Roger Ellis, Registrar of the RCDS, has discussed this matter with Revenue Canada and a recent issue of "Dispatch" has advised that, "the use of Technical Services Companies to redirect many portions of the income of the practice into a corporation may cause the member to be in violation of the professional misconduct regulations".

The Taxation Committee will be following this issue closely, as I am sure will Revenue Canada. The ODA has requested the Taxation Committee "look into this and see if there is any advice that can be provided". The committee will request comment from provincial licensing authorities on whether dental hygienists can provide dental hygiene services through a corporation i.e. the patient paying the corporation (company) instead of the dentist.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Taxation Committee as information.

DRAFT

DENTAL SERVICES AGREEMENT

NOTE TO USER:

1. **SCHEDULE A (AND IF APPLICABLE, SCHEDULE B) TO THIS AGREEMENT MUST BE COMPLETED BY THE PARTIES IN CONJUNCTION WITH THE EXECUTION OF THIS AGREEMENT.**
2. **PLEASE READ THE AGREEMENT CAREFULLY AND WHERE APPLICABLE SPECIFY YOUR TERMS OF AGREEMENT ON SCHEDULE A.**
3. **REFERENCE SHOULD BE MADE TO THE RULES AND REGULATIONS OF YOUR PROVINCIAL DENTAL ASSOCIATION AND APPLICABLE LEGISLATION FOR COMPLIANCE WITH LOCAL LAWS.**

DENTAL SERVICES AGREEMENT

THIS AGREEMENT made as of the _____.
(Date)

BETWEEN:

(Name)

(the "Primary Dentist"),

- and -

(Name)

(the "Contract Dentist"),

WHEREAS the Contract Dentist is a member of the dental association referred to in **Schedule A** (the "Dental Association") and is duly qualified and licensed to practice dentistry in the Province designated in **Schedule A** (the "Province");

AND WHEREAS the Primary Dentist manages a dental practice (the "Practice"), at and from certain premises located at the address set out in **Schedule A** (the "Premises");

AND WHEREAS the Practice includes all equipment, furniture, assets, supplies and facilities necessary to conduct a dental practice (the "Equipment") together with such managerial, secretarial, administrative and accounting services necessary to the Practice (the "Services");

AND WHEREAS the Contract Dentist desires to carry on his/her practice in association with the Primary Dentist as an independent contractor, and not as an employee of the Primary Dentist, and the Primary Dentist desires that the Contract Dentist carry on his/her practice in association with the Primary Dentist as an independent contractor, on the

terms and conditions herein set forth;

NOW THEREFORE THIS AGREEMENT WITNESSES that, in consideration of the premises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

ARTICLE 1 - FORMATION OF RELATIONSHIP

1.1 The Contract Dentist agrees to carry on his/her practice non-exclusively in association with the Practice during the term of this Agreement on the terms and conditions set forth in this Agreement (the "Contract Dentist's Practice").

1.2 (a) The Primary Dentist hereby grants to the Contract Dentist a non-exclusive, revocable license to use the Premises (or any such replacement premises as need be and are required from time to time during the term of this Agreement), together with such Equipment and Services necessary for the Contract Dentist to carry on the Contract Dentist's Practice in association with the Primary Dentist.

(b) Included in the Equipment and Services provided by the Primary Dentist to the Contract Dentist shall be the following:

- (i) all equipment (other than tools and instruments) reasonably necessary to conduct the Contract Dentist's Practice;
- (ii) all office, secretarial, stenographic, telephone and telephone answering, bookkeeping (including the billing and collection of accounts), clerical and administrative services required for the efficient carrying on of the Contract Dentist's Practice;
- (iii) all office supplies necessary for the reasonable conduct of the Contract Dentist's Practice;
- (iv) the preparation of statements and calculations indicating fees charged by the Contract Dentist for his/her services and record-keeping for billings and collections, patients' accounts receivable lists, and monthly and year end summaries;
- (v) the provision of personnel to supervise and to attend to the billing and collection of accounts receivable rendered by the Contract Dentist in the Contract Dentist's Practice; and
- (vi) all other non-professional services and facilities required for the efficient operation of the Contract Dentist's Practice, as may be agreed upon by the Primary Dentist and the Contract Dentist.

(c) The Contract Dentist acknowledges that the Primary Dentist is entitled to the concurrent use of the Premises, the Equipment and the Services and that the Primary Dentist may have granted or, in the future may grant, similar concurrent rights to use the Premises, the Equipment and the Services to other dental health professionals and para-professionals.

(d) The Contract Dentist acknowledges that he/she must cooperate with the Primary Dentist and such other dental health professionals and para-professionals as may be using the Premises, the Equipment and the Services in order to ensure the most efficient use by all parties of such Premises, Equipment and Services.

ARTICLE 2 - OBLIGATIONS OF THE CONTRACT DENTIST

2.1 The Contract Dentist covenants and agrees that he/she shall be responsible for the following expenses relating to the Contract Dentist's Practice and that the Primary Dentist shall have no responsibility or liability to provide such services for the Contract Dentist nor to pay any expenses relating thereto:

- (a) tools and instruments used in the Contract Dentist's practice;
- (b) laboratory fees;
- (c) fees or salaries and related expenses of all clinical staff (including without limitation dental hygienists and certified dental assistants) who provide clinical services solely to the Contract Dentist or patients who are being treated by the Contract Dentist;
- (d) cost of professional meetings and convention expenses;
- (e) cost of obtaining and maintaining malpractice liability insurance (as more specifically discussed in section 2.6 below);
- (f) professional licensing fees and memberships;
- (g) promotional expenses including listing of phone numbers for the Contract Dentist's practice in local telephone directories;
- (h) automobile expenses;
- (i) any other form of insurance which the Contract Dentist deems necessary for the Contract Dentist's Practice;
- (j) art and other aesthetic furnishings, except those already provided by the Primary Dentist for use by all dentists on the Premises;

- (k) all taxes, including without limitation, federal, provincial and local personal and business income taxes, sales and use taxes, other business taxes and all governmental remittances, including without limitation, remittances required to be made under the *Canada Pension Plan Act*, arising out of the Contract Dentist's Practice;
- (l) cost of accounting services other than as provided for herein; and
- (m) all periodicals, professional literature, text books and reference materials used for the efficient practice of dentistry, except those already provided by the Primary Dentist for use by all dentists on the Premises.

2.2 In respect of dental hygienists employed by the Primary Dentist, the Primary Dentist shall supply dental hygienist services to the Contract Dentist for patients of the Contract Dentist at the rate provided in **Schedule A** hereto.

2.3 The Contract Dentist covenants and agrees that during the term of this Agreement, the Contract Dentist shall:

- (a) use the Contract Dentist's best skill in endeavouring to perform the Contract Dentist's obligations under this Agreement;
- (b) comply with all acts, orders, regulations and other instruments for the time being having the force of law applicable to dentists in the Province;
- (c) obtain and maintain a local business licence, if required by the municipality in which the Contract Dentist's practice is located;
- (d) maintain and pay for all necessary practice certificates and licenses to retain the Contract Dentist's membership with the Dental Association and carry on the Contract Dentist's Practice with the Practice; and
- (e) consult with the Primary Dentist in matters relating to the Practice and use every effort to co-ordinate and co-operate with the Primary Dentist to ensure the efficiency of the Practice.

2.4 The Primary Dentist shall have access at all times upon reasonable notice and without cost to inspect, examine and copy such books of account and records as are maintained by the Contract Dentist pursuant to the terms of this Agreement and the Contract Dentist shall at all times furnish to the Primary Dentist such current information, accounts and statements of and concerning all transactions relative to the Contract Dentist's Practice without any concealment or suppression whatsoever.

2.5 The Contract Dentist represents and warrants that he/she is now, and will continue to be throughout the term of this Agreement, a member in good standing with the Dental Association and is duly qualified and licensed to practice dentistry in the Province.

2.6 The Contract Dentist agrees to obtain and maintain in good standing, during the term of this Agreement, malpractice liability insurance with a reputable insurer providing coverage in such maximum amounts per occurrence and in the aggregate as is recommended or required by the Dental Association, naming the Contract Dentist, the Primary Dentist and its employees as insured parties under any such policy. The Contract Dentist agrees to provide the Primary Dentist with evidence reasonably satisfactory to the Primary Dentist of such coverage and endorsements.

2.7 The Primary Dentist agrees that the premises shall remain open for use at the times noted in **Schedule A**. Such time periods may be amended from time to time with the consent of the Contract Dentist.

ARTICLE 3 - FEES AND ACCOUNTING

3.1 The Primary Dentist shall collect all patient accounts rendered by the Contract Dentist or the Primary Dentist on behalf of the Contract Dentist and shall credit all monies received to the Contract Dentist's account (the "Account") for distribution as set out herein.

3.2 The Contract Dentist shall be entitled to all of the fees collected under section 3.1 subject to the right of the Primary Dentist to deduct the amounts payable to the Primary Dentist pursuant to section 3.3.

3.3 As consideration for the right to use the Premises, the Equipment and the Services pursuant to this Agreement, the Contract Dentist hereby agrees to pay to the Primary Dentist, in each calendar month during the term of this Agreement the amount specified in **Schedule A**.

ARTICLE 4 - NON-COMPETITION, CONFIDENTIAL INFORMATION AND INDEMNITY

4.1 The Contract Dentist covenants and agrees that he/she will not, during the term hereof and for a period of two (2) years from the date of termination of this Agreement:

- (a) solicit for employment any person who is, at the time of such solicitation, employed by the Primary Dentist, or directly or indirectly induce such person to leave his or her employment with the Primary Dentist; and
- (b) directly or indirectly, whether as principal, agent, associate, director or shareholder of a company, or otherwise, solicit or aid in the solicitation of any Primary Dentist's patients.

4.2 The parties hereby agree and acknowledge that all patients for whom the Contract Dentist performs services or has any other dealings in the course of the Practice, are and shall be deemed to be patients of the Primary Dentist, notwithstanding that some or all of the said patients may have been induced to give their patronage to the Primary Dentist by the solicitation of the Contract Dentist and notwithstanding that all or some of such patients may have been patients of the Contract Dentist prior to this Agreement. Notwithstanding the foregoing, at any time during or after the term of this contract, the Contract Dentist may accept a patient from the Primary Dentist's practice if the patient requests a transfer to the Contract Dentist.

4.3 The Contract Dentist hereby acknowledges that all patient files and charts, inter alia, are and shall remain the property of the Primary Dentist unless a choice is specified otherwise in **Schedule A**. In the event that this Agreement is terminated, the Contract Dentist shall deliver to the Primary Dentist all patient files and charts, inter alia, belonging to the Primary Dentist.

4.4 Unless required by law, the Contract Dentist covenants and agrees that the Contract Dentist will not at any time during the term of this Agreement or thereafter, use or disclose, divulge or communicate to any person, firm, corporation, or other entity, in any manner whatsoever, any information acquired by the Contract Dentist during the term of this Agreement and any extension thereof, relating to:

- (a) the Practice, its finances, its manner of operation, its plans, processes or other data;
- (b) the Primary Dentist;
- (c) any persons employed by the Primary Dentist or any other person who has contracted to provide services to the Primary Dentist; and
- (d) the patients of the Practice.

The parties hereby stipulate that all such information is confidential and material to the effective and successful conduct of the Practice and the goodwill of the Practice.

4.5 The Contract Dentist acknowledges and agrees with the Primary Dentist that:

- (a) the Contract Dentist has been advised to retain independent counsel with regard to his/her rights and obligations pursuant to this Agreement and has either retained such independent counsel who has advised the Contract Dentist independently of the Primary Dentist as to all of the Contract Dentist's rights and obligations under this Agreement or has waived the right to retain independent counsel;

- (b) the Primary Dentist has specifically directed the Contract Dentist's attention to and has reviewed the provisions of this Article 4 and that the Contract Dentist fully understands the covenants he/she has entered into with the Primary Dentist and the restrictive effect and binding nature of these covenants upon the Contract Dentist;
- (c) all restrictions in this Article 4 are necessary, reasonable and valid given that the Contract Dentist, by reason of this Agreement, shall be able to develop goodwill and market contacts which the Contract Dentist would not have otherwise been capable of developing and accordingly reflects the mutual desire and intent of the parties that the provisions of this Article 4 be upheld in their entirety and given full force and effect by any court of competent jurisdiction;
- (d) all defences that the Contract Dentist may have against the strict enforcement of this Article 4 by the Primary Dentist are hereby expressly waived by the Contract Dentist; and
- (e) if any court of competent jurisdiction shall determine that the restrictions imposed in this Article 4 are unreasonable, the Contract Dentist shall agree to such restrictions that any such court would find reasonable under the circumstances.

4.6 The parties recognize that a breach by the Contract Dentist of any of the covenants contained in this Article 4 would result in damage to the Practice and that the Primary Dentist would not adequately be compensated for such damage by a monetary award alone. Accordingly, the Contract Dentist agrees that in the event of such breach, in addition to all other remedies available to the Primary Dentist at law or in equity, the Primary Dentist shall be entitled as a matter of right to apply to a court of competent jurisdiction for such relief by way of restraining order, injunction, decree or otherwise as may be appropriate to ensure compliance by the Contract Dentist with the provisions of this Agreement.

4.7 (a) The Contract Dentist shall indemnify and hold harmless the Primary Dentist from and against all claims, actions, damages, liabilities, fines, causes of actions, suits, demands, costs and other expenses sustained or incurred by the Primary Dentist by reason of any claim made by any patient in respect of any treatment received by such patient from the Contract Dentist.

(b) The Primary Dentist shall indemnify and hold harmless the Contract Dentist from and against all claims, actions, damages, liabilities, fines, causes of actions, suits, demands, costs and other expenses sustained or incurred by the Contract Dentist by reason of any claim made by any patient in respect of any treatment received by such patient from the Primary Dentist.

4.8 The provisions of this Article 4 shall not merge with the expiry or termination of this Agreement but shall survive for all purposes.

ARTICLE 5 - STATUS OF THE CONTRACT DENTIST

5.1 The Contract Dentist agrees and acknowledges that the Contract Dentist shall have no authority on behalf of the Primary Dentist to make, alter or discharge any contract or agreement or to receive any money due or to become due to the Primary Dentist except as may be specifically agreed to between the Primary Dentist and the Contract Dentist herein.

5.2 The Contract Dentist is not, and shall not at any time, be considered or hold himself/herself out to be an agent of or to have the authority or capacity to legally bind the Primary Dentist or to have any authority or capacity generally enjoyed by agents.

5.3 The Contract Dentist acknowledges and agrees that nothing contained herein shall be construed as creating a partnership or joint venture between the Primary Dentist and the Contract Dentist and the Contract Dentist shall not hold himself/herself out to any third party as such.

5.4 The Contract Dentist acknowledges and agrees that the relationship created by this Agreement between the Primary Dentist and the Contract Dentist is to be one of independent contractor and not employment. The Contract Dentist agrees not to claim benefit or protection under any law which provides benefit or protection to employees. The Contract Dentist is free to conduct the Contract Dentist's practice subject only to the terms and conditions herein set forth.

ARTICLE 6 - TERM AND TERMINATION

6.1 The term of this Agreement shall commence and expire on the dates set out in **Schedule A** unless terminated earlier in accordance with the provisions of this Agreement or renewed in writing by the parties on or before the renewal date set forth in **Schedule A** on mutually satisfactory terms to the parties hereto.

6.2 This Agreement may be terminated at any time upon the mutual agreement of the parties hereto.

6.3 This Agreement may be terminated by either party at any time, without cause, by giving to the other, advance written notice of such termination, such notice to be given not later than the number of days in advance of termination specified in **Schedule A** as the "Notice Period".

6.4 This Agreement shall be terminated upon the death of either the Contract Dentist or the Primary Dentist.

6.5 The Primary Dentist or the Contract Dentist shall have the right to terminate this Agreement, upon the occurrence of either of the following events, such termination to be effective, unless otherwise provided for herein, immediately upon the receipt or deemed receipt by the other party of notice to that effect:

- (a) if a party is in default of any of the provisions, terms or conditions herein contained and shall fail to remedy such default within [thirty] days of written notice thereof from the other party; or
- (b) if a party becomes bankrupt or insolvent (as such terms are defined by the Bankruptcy and Insolvency Act (Canada)), makes an assignment for the benefit of such party's creditors, has a petition of bankruptcy filed against him/her or attempts to avail himself/herself of any applicable statute relating to insolvent debtors.

6.6 The Primary Dentist shall have the right to terminate this Agreement, upon the occurrence of any of the following events, such termination to be effective, unless otherwise provided for herein, immediately upon the receipt or deemed receipt by the Contract Dentist of notice to that effect:

- (a) if the behaviour of the Contract Dentist, in the sole opinion of the Primary Dentist acting reasonably, detrimentally affects the reputation of the Primary Dentist or the Practice or the financial prospects of the Practice;
- (b) if an action by the Dental Association or any other governing body for dentists results in a suspension for any period of time of the Contract Dentist's rights to practice dentistry in the Province of Ontario;
- (c) if the Contract Dentist loses his/her licence to practice dentistry in the Province of Ontario;
- (d) where the parties have indicated in **Schedule A** that this section applies, if the Contract Dentist is disabled, mentally or physically or both, for a period exceeding the disability period specified in **Schedule A**. For the purpose hereof, the Contract Dentist shall be deemed to be disabled if, in the opinion of the Primary Dentist, acting reasonably, the Contract Dentist is unable to diligently and expeditiously perform the Contract Dentist's obligations hereunder; or
- (e) if the Contract Dentist is declared of unsound mind by an order of court.

ARTICLE 7 - GENERAL

7.1 Any notice, acceptance or other documents required or permitted hereunder to be given will be considered well and sufficiently given by hand delivery or by prepaid first class mail addressed to the parties as set out in **Schedule A** or such other address as either party may from time to time appoint by notice in writing to the other in accordance with this section 7.1. Any notice delivered by hand addressed as aforesaid will be deemed to have been delivered on the day of delivery, and any notice mailed by first class prepaid mail addressed as aforesaid will be deemed to have been received three business days after posting; but if at the time of posting or between the time of posting and the third business day thereafter, there is a strike, lockout or labour disturbance affecting postal service, then such notice will not be effectively given until actually received.

7.2 This Agreement shall be interpreted and governed in accordance with the laws of the Province.

7.3 This Agreement supersedes all former agreements among the parties, whether written or oral, and represents the only agreement dealing with the Contract Dentist's association with the Primary Dentist and the Practice.

7.4 Time shall be of the essence of this Agreement and every part thereof.

7.5 This Agreement shall constitute the entire agreement among the parties hereto with respect to all the matters contained herein on the condition that execution has not been induced nor have any of the parties hereto relied upon or regarded as material any representations or warranties whatsoever not incorporated herein or made a part hereof. This Agreement shall not be amended, altered or qualified except by an agreement in writing signed by all the parties hereto and any amendment, alteration or qualification shall not be binding upon any party who has not given his/her consent as aforesaid.

7.6 This Agreement is personal to the parties hereto and shall not be assigned without the written consent of the other party hereto, which consent shall not be unreasonably withheld. This Agreement shall enure to the benefit of and be binding upon the parties hereto and their respective heirs, executors, administrators, successors and permitted assigns.

7.7 If any covenant or provision of this Agreement shall be held to be invalid, void, illegal or unenforceable in whole or in part, such covenant or provision shall be severable from all other covenants and provisions herein and the validity, legality and enforceability of the remaining covenants and provisions of this Agreement shall not in any way be affected or impaired thereby.

IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the date first written above.

SIGNED, SEALED AND DELIVERED
in the presence of

Contract Dentist

Primary Dentist

Schedule A

DENTAL SERVICES AGREEMENT

A. Information regarding Primary Dentist

Premises:

Address for Notice:

or _____ As Above

B. Information regarding Contract Dentist

Province of Qualification

Dental Associations Membership

- 1.
- 2.

Address for Notice:

C. Dental Hygienist Rates: (Insert per diem/per hour or other rate)

D. Premises Open time:

Monday	from	_____	to	_____
Tuesday	from	_____	to	_____
Wednesday	from	_____	to	_____
Thursday	from	_____	to	_____
Friday	from	_____	to	_____
Saturday	from	_____	to	_____
Sunday	from	_____	to	_____

E. Fees

The Contract Dentist shall pay to the Primary Dentist, in each calendar month during the term of this Agreement:

(Specify choice by initialing)

Initials of Parties

- (i) the amount of the Contract Dentist's gross receipts from the Contract Dentist's Practice in such month less an amount equal to _____% of the Contract Dentist's gross receipts during such month;

OR

Initials of Parties

- (ii) the amount per month calculated as follows
- (A) for the months of _____ to and including _____, the amount equal to _____% of the Contract Dentist's gross receipts during such month from the Contract Dentist's Practice; and
- (B) for the months commencing _____ to and including _____, the amount equal to _____% of the Contract Dentist's gross receipts during such month from the Contract Dentist's Practice.

Note to user:

(Section 3.3(a)(ii) can be used if the Contract Dentist's practice will be slow initially or for any other situation where the receipts generated by the Contract Dentist at any time during a year will be higher than at another time during such year)

For the purposes of this Agreement "gross receipts" shall be equal to the gross amount of monies collected or received on behalf of the Contract Dentist for billings rendered by or on behalf of the Contract Dentist to patients of the Practice excluding all billings relating to dental hygiene work performed by a dental hygienist.

F. Records

If records are not to be owned solely by the Primary Dentist indicate a choice in this section.

Initials of Parties

- (1) the records of patients who are introduced to the Practice by the Contract Dentist shall belong to the Contract Dentist;

OR

_____ (2) The Contract Dentist shall own the records of patients of the practice whose names appear on Schedule B to this Agreement, which Schedule may be amended from time to time by consent of the parties and may be kept separate from but shall continue to form part of this Agreement.

G. Notice Period: 60 days _____ 90 days _____ 120 days _____ or _____

H. Term of Contract

Commencement Date _____

Termination Date _____

Renewal Date _____ or _____ The same date as the Termination Date

I. Disability

Disability Clause applies: Yes ____ No ____

Disability Period: 90 days _____ 120 days _____ 180 days _____ or _____

J. OTHER TERMS

(Attach additional pages if necessary. If you wish to override or amend any provision of the main agreement please do so by stating "Notwithstanding section [insert applicable section number]" and inserting the new provision.)

Signatures:

Primary Dentist

Contract Dentist

Estados Unidos.

DENTAL SERVICES AGREEMENT

Patient Records Owned by the Contract Dentist

Name of Patient

[illegible]

Dental Associates/Hygienists - Are They Employees or Independent Contractors

**Prepared by: Dr. Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee**

From time to time, Revenue Canada will take a close look into businesses that hire independent contractors (ICs) to see if these ICs are actually employees. In dentistry, we hire dentists as ICs through a contract that is referred to as an "Associate Agreement" and we refer to these individuals as "associates". In addition, we often employ dental hygienists but on other occasions hygienists are hired as ICs to provide dental hygiene services to our patients.

For the purpose of this article, and for potential use in future hiring contracts, the dentist who hires (ICs) or employs (employees) dentists or hygienists is referred to as the "primary dentist" or "employer dentist". The dentist who is hired as an IC is referred to as the "contract dentist". The dental hygienist who is hired as an IC is referred to as the "contract hygienist". The dentists and hygienists who are employed are referred to as "employee dentists" and "employee hygienists" respectively.

There are significant financial conditions that are relevant to the primary dentist, to the employer dentist, to the contract dentist/hygienist and the employee dentist/hygienist.

When a primary dentist hires a contract dentist/hygienist, the primary dentist is not required to withhold federal income taxes, nor to withhold employee CPP/UIC premiums, nor to provide the employer portion of CPP/UIC premiums or the Ontario Employer Health Tax. The contract dentist/hygienist is not entitled to UIC benefits, must submit federal taxes on a quarterly basis, and is not paid for vacation time. However, these ICs have a greater latitude with expenses that may be deducted in calculating taxable income.

When the employer dentist employs a dentist/hygienist, the employer dentist must withhold federal taxes under Section 159(1) of the Income Tax Act, withhold CPP/UIC premiums and provide the employer portion of CPP/UIC and the Ontario Employer Health Tax. These employees would then be limited to those expenses that can be deducted by employees (which are very few) in calculating taxable income. It is most important that employer dentists be aware of the Employment Standards Act (or any similar provincial acts relating to employee rights) in their province and which employees these acts include. These acts set out maximum hours of work, overtime eligibility, paid vacation time, etc. It is interesting to note in the recently revised B.C. Employment Standards Act that

employed dental hygienists are included as employees but employed dentists are not. Please familiarize yourself with your provincial Employment Standards Act.

It is of concern to the author of this article that a primary dentist may hire a contract dentist and, during a Revenue Canada audit the contract dentist is classified as an employee, due to conditions set forth in the IC contract. The primary dentist will be penalized for not withholding federal taxes and CPP/UIC premiums, for not providing employer payments of CPP/UIC premiums and will be responsible for any unpaid taxes of the employee dentist/hygienist. Section 153(1) of the Act imposes a penalty of 10% of the amount that should have been withheld, plus interest, pursuant to subsection 227(B) of the Act (currently 9%). The second failure results in a penalty of 20%. It could be quite expensive for the primary dentist who hires an IC only to find out that the contract dentist is an employee, based on certain working arrangements and certain conditions included in an "Associate Agreement".

The Courts and Revenue Canada refer to an employee/employer relationship as one of a contract of service while an independent contractor/hirer relationship is one of a contract of services. Employee contracts are often verbal and occasionally written but IC's contracts are mostly written. The Taxation Committee Chair has reviewed relevant case law, a Northwest Territory hearing decision, Revenue Canada's Interpretation Bulletins and the taxation operations manual relevant to this issue, individual Revenue Canada's audit reports provided by dentists and legal opinions. All sources demonstrate that there is no clear factor which can be pointed to as a determinative of when a relationship is one of employee/employer (contract of service) or is one of independent contractor/hirer (contract of services). Revenue Canada and the courts assess all factors of the relationship and determine which dominant factors indicate the characteristic of the relationship. No one factor determines the relationship i.e. a number of factors, but not necessarily all factors, will determine the relationship.

From the sources mentioned above (but primarily from case law in this area), it is well established that there are four criteria which can be used to distinguish a relationship of employer/employee or a relationship of hirer/independent contractor. The following are some (but not all) dental items related to the four criteria:

1. Control

- a) Independent Contractor:

A person who undertakes to produce dental services within a set period of time; the primary dentist is not normally involved in the

actual performance of the work. The "hirer" may, from time to time, exercise general supervision but does not give orders to the contract dentist regarding the manner, or at what time, the work is to be done.

b) Employee:

The employer dentist exercises control over not only what is to be done but also the manner in which it is done.

The employer may establish a particular dress code, set working hours of the dentist/hygienist employee, control vacation time, restrict dentist/hygienist employees from working in any other practice, restrict employee from working or establishing a dental practice within a certain distance; all of the above may be included in an employment agreement or a contract of service.

The more controls placed on the dentist/hygienist associates, the more the nature of the relationship will be classified as an employer/employee relationship.

2. Ownership of Tools

a) Independent Contractor:

A person who usually owns his/her tools and provides these tools and instruments while performing the work to be done. The IC may use the hirer's equipment in providing the services contracted for.

b) Employee:

When tools, materials and instruments are provided to dental associates/hygienists this means that the hirer/employer may exercise control over the worker. This would tend to classify the relationship as an employer/employee relationship.

3. Chance of Profit and Risk of Loss

a) Independent Contractor:

Assumes chance of profit and risk of loss. There is no payment for services if services are not performed i.e. no vacation pay, no sick

day pay etc. The IC should be an employer and employ dental staff i.e. dental assistants and/or certified dental assistants dedicated to the IC.

Remuneration for services provided can be by a percentage of the dental fee collected.

b) Employee:

Payment for service is usually an hourly or monthly salary. Vacation pay, paid sick days, and benefits are provided. Employee's earnings are not based on the piece work done and do not include any risk of loss or benefit of profit.

4. Integration

a) Independent Contractor:

A person who is hired to provide services which are not indispensable and are not an integral part of the dental practice or business.

This factor is not in itself a conclusive or determining factor.

b) Employee:

A person is employed as part of the practice or business; the services performed are an indispensable and integral part of the business.

SUMMARY OF RELEVANT FACTORS

The case law demonstrates that there is no clear factor which can be pointed to as determinative of when a relationship is one of employer/employee or of hirer/independent contractor. Instead, the entire nature of the relationship between the parties must be examined.

However, the following factors would tend to indicate a relationship of an independent contractor:

- i) Contract indicating a hirer/independent contractor relationship.
- ii) No exclusivity of employment i.e. contract dentist or hygienist may provide services to more than one primary dentist or clinic.
- iii) Remuneration is by reference to billings - a percentage thereof.
- iv) Submission of an invoice by the contract dentist/hygienist to the primary dentist or clinic for payment of services rendered.
- v) No payment to contract dentist/hygienist if no services performed or if services provided are not paid for.
- vi) Lack of restrictions on the hours of work and vacation time.
- vii) No vacation pay or bonuses.
- viii) The parties consider themselves to be a hirer/independent contractor.

The following factors would tend to indicate an employer/employee relationship:

- i) The employee dentist/hygienist works exclusively for a particular primary dentist under contract.
- ii) Payment of salary or hourly wage as opposed to a percentage of fees collected.
- iii) Payment of employee dentist/hygienist even if the fee of which the associate or hygienist is to get a percentage is not paid.
- iv) Set working hours.

- v) Provision of pension or retirement savings plan.
- vi) Provision of group benefits i.e. extended health, life insurance, disability insurance, etc.
- vii) Payment of a bonus.
- viii) Payment of vacation pay.

When primary dentists and contract dentists/hygienists decide to enter into a hirer/independent contractor relationship, it is mandatory for both parties to obtain professional advisors (i.e. lawyers and accountants) before signing contracts.

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

COMMUNIQUE

A CDA MEMBER SERVICE / UN SERVICE AUX MEMBRES DE L'ADC

MARCH-APRIL 1995

Highlights

**Deferred Year-End Option
Eliminated****Increase in Corporate
Surtax****Investment Income of
Corporations****Trusts****The Capital Gains
Exemptions****RRSPs****Interest on Overdue Taxes**

This special tax issue of *Communiqué* is intended to give an overview of the impact that the 1995 federal budget will have on Canadian dentists and their dental offices. Mr. Barry McNulty, a principal of Experdent Financial Services, Inc., has a regular finance column in *Communiqué* in which he gives his expert opinion on financial alternatives that may be beneficial to CDA members. Dentists are advised, however, to consult with a professional on their investment and financial needs.



CDA/ADC

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Budget Eliminates Tax Deferral Option for Dentists

BY BARRY McNULTY

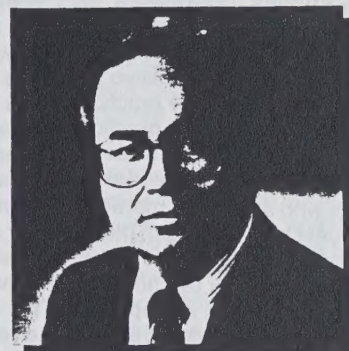
The much heralded federal budget was introduced in Parliament February 27 by Finance Minister Paul Martin. Without question, it will cause a great deal of controversy. I expect the pros and cons of the 1995 budget will be debated at great length across the country, probably to the point where many of us will finally tune out the rhetoric.

Unfortunately, most of the post-budget comment and analysis will be fairly general in perspective. Recognizing this, CDA has asked me to comment on those areas of the budget that may have an impact on individual dentists and their practices — particularly the elimination of the tax deferral option for individuals earning business income.

Generally speaking, it appears that Mr. Martin will hit his target of reducing the budget deficit to \$25 billion by 1996/97, a fact that, initially at least, the financial markets have viewed in a positive light. Although interest rates are expected to rise slightly in the short term, the 1995 budget may well contribute to a more stable interest rate environment in the long term. It should also result in a stronger Canadian dollar — provided the U.S. greenback stabilizes and, further, that the economic climate is right for continued business growth.

Every dentist should be aware, however, that these positive results will only be sustainable if Mr. Martin continues the process that he began with the 1995 budget. It is only the first of the many, often painful, steps that will be necessary before Canada gets its fiscal house in order.

As it stands right now, the federal debt is likely to exceed \$600 billion



Mr. Barry McNulty

within a couple of years. The Canadian government already spends almost \$140 billion per year to meet its needs, which is equivalent to between 15 and 20 per cent of the whole economy. Canada's fiscal problems clearly have not been solved by this one budget alone.

From a political perspective, I believe that Mr. Martin went as far as he could with the 1995 budget. But Canadians can expect further action, including possible tax increases, in the foreseeable future.

If I'm right, it will be more important than ever for dentists to manage their resources carefully. My advice is that you avoid making any commitments on either a practice or personal level that strain your income or cash resources. With the ongoing concerns over Canada's debt and the uncertainty surrounding the whole question of Quebec separation, I frankly believe that dentists who are investing should take a conservative posture, with an emphasis on international investment. The potential volatility of investment instruments such as long-term bonds or undiversified portfolios of Canadian equities is just too great in the near

term, and investors are not being properly compensated for this potential volatility.

Deferred Year-End Changes

Of all the measures introduced in the 1995 budget, the one likely to have the greatest impact on dentists is the elimination of the business year-end and tax deferral options. Quite simply, dentists who operate on a deferred year-end basis will no longer be allowed to do so. This measure applies regardless of whether you operate as a solo practitioner, in a partnership, or in a professional corporation. Effective in 1995, all dentists in private practice will have to begin reporting practice income on a calendar-year basis, based on a December 31 year-end.

Dentists who are unincorporated will be hardest hit. In the past, these practitioners could defer payment of tax for almost one year by choosing a January 31 year-end, as opposed to following the calendar year. It worked this way. If you had net practice income of \$150,000 with a December 31 year end, the following April you would file a tax return for this income. On the other hand, if you had a January 31 year end, i.e. just 31 days later, you would not have to report this income until you filed your tax return in April of the following year, thereby deferring the tax liability.

The key word is deferral. Deferring your taxes is something akin to taking out an interest-free loan from the government. At some point, if you retire or, heaven forbid, become disabled or even pass away prematurely, for example, the deferred taxes have to be repaid. If you've set aside the necessary funds, earmarked as tax money, you won't feel quite so bad when you have to pay it back. Of course, if the money was simply spent on lifestyle choices, and it's not readily available, then the closer you are to retirement age, the more your deferred taxes may start to feel like a ball and chain around your neck.

Unfortunately, the budget has eliminated the deferral option. As of budget day 1995, "each fiscal period that begins after 1994 of a business carried on in Canada by an individual, professional corporation..."

must now have a December 31 year end. This could have been a disaster for many of the dentists who have taken advantage of the deferred year-end option, particularly if they had been required to pay for two taxation years in one. There is some relief, however. In effect, for 1995 you will have two year-ends — one for your deferred year and one for the income you made from the date of your old deferred year-end to December 31, 1995.

It's not as bad as it sounds. You will be able to take a reserve on the income you make from the date of your old deferred year-end in 1995, say January 31, up to the end of the year. The reserve works this way. In 1995, you would report five per cent of this reserved income. Over the next eight years, you will have to take into income, which means add to your income as of December 31, a further 10 per cent of this reserved amount annually. In the final year, you will have to bring into income the remaining 15 per cent of this reserve. Let's look at an example. The following is based on a solo practitioner who historically had a January 31 year-end.

dentist who works in a professional corporation structure is actually an employee of that corporation and, as such, must have a personal year-end of December 31 for the salary or dividends he or she takes from the company as personal income. If this dentist takes all the annual income out of the company to live on, then he or she must report it as of December 31. On the other hand, if profits were left in the corporation, the dentist would have had to file his or her tax return within a relatively short period of time, limiting the deferral opportunities from the choice of a year-end.

Although I will be eternally grateful for the reserve fund and the 10-year phase-in of the new tax deferral provisions, there are some drawbacks. Assuming tax rates will go up, you may ultimately wind up paying more tax. In effect, your income will increase in the taxation year that the reserve is reported, when this higher rate may apply. Also, as the whole amount will likely be reported at the top marginal tax rate, you won't be able to take advantage of any of the additional deductions or tax credits

EXAMPLE	1995	1996 To 2003	2004
Practice Net 1/95	\$120,000	—	—
Practice Net 12/96-12/2003	—	\$125,000	—
Practice Net 12/97	—	—	\$130,000
Practice Net 12/95	\$110,000	—	—
Reserve Taken	\$110,000	—	—
% of Reserve	—	—	—
Included In Income	5%	10%	15%
Practice Income	\$125,500	\$136,000	\$146,500

Although professional corporations, as mentioned, will also be required to adopt a December 31 year-end, I don't believe the change will be as onerous for them as it will be for the unincorporated practices with a fiscal period other than the calendar year. Corporations are required to file tax returns within six months of their year-end, no matter what that year-end may be. Furthermore, any

that may have been available if you had paid your deferred tax in the usual way (i.e., at retirement). On the other hand, dentists can thank their lucky stars that the government didn't try to get all this money back at once. Also, if you have not spent your tax deferral money on lifestyle, you will have the benefit of reinvesting the balance of the reserved amount, which will offset the fact that

all of the money in the reserve will be taxed at the higher rate.

For many of you, this extra burden of tax repayment will be a real hardship. It is crucial, in my view, that you sit down and review your financial plans in light of this change. If you are already in a difficult cash flow situation, you should immediately make whatever changes you can to ensure that you have the funds to meet this obligation. Tough choices will only get worse if you procrastinate.

Of course, for some dentists the new year-end provisions may even be a blessing in disguise, as you will no longer be faced with a big tax repayment the year after you retire. Also, because of the extra paper work, you'll now have until June 15 to file your tax return, as long as all the tax owed is paid by April 30. For any of you who have prudently acquired what is commonly referred to as tax protector insurance, you may want to review this coverage to make sure you're not paying for insurance you no longer need. As the reserve is reduced, so too will be your need for this type of insurance coverage.

Increase In Corporate Surtax

Another change that will affect dentists with management companies and/or professional corporations is the increase in the corporate surtax from three per cent to four per cent. The calculation is a complex one. Let me just say that if you have a professional corporation, a technical service corporation, a hygiene corporation, or a management corporation that makes a profit, you will have to pay more tax. For most dental practitioners, however, the amount should not be too significant.

Investment Income of Corporations

Up until the budget, it was possible to defer up to roughly nine per cent of the investment income earned within a Canadian controlled private corporation. Pretty well all of the corporations that dentists operate, in relation to their practice, would be considered a Canadian-controlled private corporation. Prior to the budget, these corporations

had to pay tax, at the top corporate rate, on investment income that was not incidental to the operation of the business, as this income does not qualify for the small business deduction. To eliminate this advantage, the budget proposes that an extra refundable tax will now apply to this investment income. This tax will be refunded to the corporation when it pays out dividends. The intention of the government is to try to eliminate any difference between earning income on a personal level or in a corporation.

Trusts

Many dentists have set up *inter vivos*, or what are commonly referred to as family trusts for income-splitting purposes. The concept was to have the trust earn either investment income or even active business income where, using an election called a preferred beneficiary election, this income could be taxed in the hands of the beneficiaries without them actually receiving the money. The idea was to keep control of the money, while at the same time taking advantage of the lower tax rate of a child or grandchild. Income that is taxed within a trust is taxed at the highest personal rate. The 1995 budget eliminates the preferred beneficiary election, except for mentally- or physically-impaired individuals who would otherwise have fallen into this category of preferred beneficiary. There are a great many complexities involved in the whole question of trusts and their continued use, and I would refer you to your professional advisors for further discussion. In my view, however, trusts can still make sense as income splitting vehicles in the right circumstances.

The "Super" Exemption

The \$500,000 capital gains exemption on qualified small business corporations, as well as certain farm property, is still in place. Although there are a lot of complexities in arranging to sell the shares of such corporations, it is still possible — provided the companies meet certain tests — for management companies, technical service corporations, hygiene corporations, and pro-

fessional corporations in provinces where incorporation is permitted, to qualify for what has been nicknamed the super exemption.

RRSPs

The budget did propose some changes to RRSPs. The good news is that these changes are minimal. In 1995, you will still be able to contribute a maximum of \$14,500. This contribution limit will be dropped to \$13,500 in 1996. It is supposed to remain the same for 1997, then increase back up to \$14,500 in 1998, and rise to \$15,500 in 1999, assuming, of course, that there are no changes in future budgets.

You know, someone who is a little cynical would almost think that the rumours about the possible taxation of RRSP assets were simply smoke and mirrors to get us all to heave a collective sigh of relief at what amounts to yet another change in promised RRSP contribution limits.

Another change to RRSPs has to do with the over-contribution rules. Previously, you could contribute up to a maximum of \$8,000 over the limit you were normally allowed. Beginning in 1996, this over-contribution limit will be reduced to \$2,000. In other words, if you have made an \$8,000 over-contribution, then you will have to claim \$6,000 of it as part of this year's contribution. Any over-contribution in excess of these sums will attract fines.

Interest On Overdue Taxes

Something else you should be aware of is the increase in interest that will be charged on overdue taxes, including quarterly payments. As dentists typically are responsible for sending in their own tax payments to Revenue Canada, as opposed to having this money deducted at source, some may fall behind in their payments. Others have been known to use these tax funds for some other purpose, usually to fill a short-term borrowing need (what could be more worthwhile than paying tax?). This was never a good idea. With the increased interest

charges, however, it makes even more sense to pay your taxes on time.

As unhappy as you may feel about paying so much tax, you are always better off to plan effectively to make sure that this liability is paid when it comes due, wherever possible. The increase in the interest rate is a full two per cent!

That about does it. There is some good news and some not so good news in this budget. It should certainly affect your investment planning and it will likely have an impact on your cash flow, which should be planned for. Look on the bright side — it could have been much worse! Good luck! ■

Mr. Barry McNulty is a principal of Expendent Financial Services Inc., 705-7030 Woodbine Ave., Markham, ON L3R 6G2. Tel: 905-415-9767. Fax: 905-475-4082.



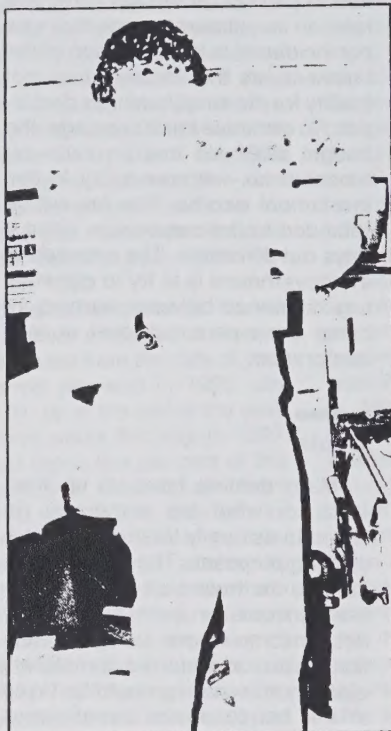
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Taxation of Unincorporated Dentists

The recent federal government budget propose that dentists with a fiscal period ending on a date other than December 31 will be required to change their fiscal year-end to this date effective on December 31, 1995.

It is common for many unincorporated dentists to have their practice year-end occur on January 31. For tax purposes, the date on which the fiscal year ends determines the calendar year in which the income is reported. All of the income earned during a practice year that ends on January 31, 1995 is reported on the dentist's 1995 tax return, which is filed in March or April, 1996.

The new proposal requires that every unincorporated dentist's 1995 tax return include income for the normal fiscal year-end and income for the balance of 1995. For example, a dentist with a January 31 year-end will report the following income on his or her 1995 tax return:

Assume net income is \$156,000 annually (\$13,000 monthly):

Normal fiscal year income:	
February 1, 1994, to January 31, 1995	\$156,000
Balance of 1995 income:	
February 1, 1995, to December 31, 1995 (11 months at \$13,000)	\$143,000
Total income to be reported on dentist's 1995 tax return	\$299,000

The additional income will be taxed at the highest marginal tax rate, which in most provinces is between 50 and 55 per cent. Consequently, the budget proposal will increase the dentist's 1995 tax in the above example by about \$72,000. Note that a January 31 year-end is the one most adversely affected by the change. The effect on year-ends subsequent to January 31 is reduced because fewer months of additional income have to be added to the 1995 return.

In recognition of the financial hardship that the increase in tax will cause, the government has proposed a transitional rule intended to spread the tax burden over the next 10 years. The formula requires the balance of 1995 income (\$143,000 in the above example) to be reported on the following schedule:

- In 1995 five per cent
- From 1996 to 2003 10 per cent each year
- In 2004 15 per cent

The effect of the transitional rule is to spread the requirement to pay this tax over the next 10 years. In

the preceding example, the \$72,000 payable on the February to December 1995 income will be payable on the following schedules:

- In 1995 \$3,600
- From 1996 to 2003 \$7,200 each year
- In 2004 \$10,800

However, the transitional rule ceases to be available in the year in which the dentist ceases to practise, and the balance of the unpaid 1995 tax becomes due in that year. Cessation to practise will occur if the individual dies, retires, becomes disabled or incorporates the practice.

In the above example, if the dentist ceased to practise in the year 1999, he or she would pay tax in that year as follows:

balance of 1995 income	\$143,000
Less: reported in 1995	\$3,600
1996 to 1998 (3 x \$7,200)	\$21,600
Balance of 1995 income to be added to 1999 income	\$117,800
Estimated tax in 1999	\$59,000

In addition to the obvious disadvantage of having to pay additional tax in each of the next 10 years, there are two less obvious disadvantages to the proposal. First, because the 1995 income is being added to normal income, it will be taxed at the maximum rate. Under the old rules, the deferred income was taxed in the year after retirement and was subject to the normal graduated tax rates in that year. Second, by accelerating the reporting of income, the dentist will not report dental income in the year after retirement and may lose the ability to make a tax deductible RRSP contribution for that year.

On the positive side, the proposal does represent a form of forced retirement planning in that a dentist who retires after 2004 will not be faced with the requirement to pay any deferred taxes, as all such taxes will have been paid by that year. ■

Mr. Ron Walsh, CA, Walsh-King, Vancouver.
Dr. Robert Hicks,
Chairman CDA Taxation Committee

tario. Over the years that followed he received acclaim and recognition for his long-time association with the Burlington Growth Centre and the department of orthodontics at the University of Toronto.

The Burlington Study amassed growth and development data from 1,380 children and 312 parents for

the period 1952 to 1971. These findings contributed to a better understanding of the variations of normal and abnormal facial growth patterns, which prompted changes to both undergraduate and graduate teaching programs in many schools of dentistry and in other related health fields.

Dr. Popovich was also an integral contributor to the development of the Canadian Standards Association headforms used to test hockey helmets, face masks and other sports equipment for protecting the eyes and face (New Headform Developed. "News Update," *J Can Dent Assoc* 59:971, 1993). ■

JOURNAL

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THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Luc Dugal, Chairman, Calgary
Dr. David Anderson, Windsor
Dr. Alf Dean, New Waterford
Dr. David Tobias, Vancouver

Executive Liaison: Dr. Tom Breneman, Brandon

Coordinator: Ms. Susan Matheson

1. Committee Meetings

The Third Party Dental Plans Committee has met once since the report to the 1995 Interim Meeting: May 5-6, 1995.

ITEMS REQUIRING BOARD ACTION

2. Uniform System of Codes and List of Services

APPENDIX I

The Third Party Committee continues to dialogue with the Provincial Committees and Specialty Committees in order to address future changes required to the USCLS.

As an ongoing revision to the USCLS, the Committee submits changes and/or additions to the USCLS for Board approval and implementation in 1996.

RESOLVED:

95.81 THAT the revisions to the USCLS for the new codes 92300-09, 92400-92469 and 92500-92539, outlined in Appendix I, be accepted and implemented on January 1, 1996.

ADOPTED

RESOLVED:

95.82 THAT the revisions to the USCLS for the new codes 27220-22, outlined in Appendix I, be accepted and implemented on January 1, 1996.

ADOPTED

RESOLVED:

- 95.83 **THAT** the revisions to the USCLS for the new codes 13410-13419, outlined in Appendix I, be accepted and implemented on January 1, 1996.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

3. **Ad Hoc Committee on Dental Plan Designs**

The Third Party Committee endorses the recommendations outlined in the report of the Ad Hoc Committee on Dental Plan Design as presented to the Interim Board in April 1995.

4. **Uniform System of Codes and List of Services**

The Committee wishes to remind the provincial associations/corporate bodies that the changes to the Prophylaxis codes passed in August 1994 will be implemented on January 1, 1996. The Committee will also be reviewing the restorative section of the USCLS at their next committee meeting.

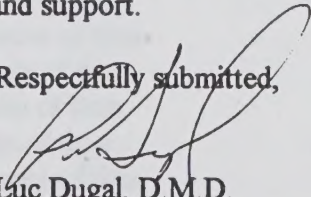
5. **Purchaser Information Program**

The direction of the Purchaser Information Program (PIP) is involved with the dissemination of information through orders received from across Canada for the Direct Reimbursement Kit and telephone requests for information. Requests for information continue to be handled by the CDA PIP office.

6. **Closing Comments by Chairman**

I would like to thank the Committee members and CDA staff, Susan Matheson and Pat Drake for their continued assistance and support.

Respectfully submitted,


Luc Dugal, D.M.D.

Chairman, Third Party Dental Plans Committee

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Third Party Dental Plans Committee.

USCLS ADDITIONS AND/OR CHANGES FOR IMPLEMENTATION JANUARY 1, 1996

A. RE-ORGANIZATION OF THE 92000 SECTION - ANESTHESIA WITH THE ADDITION OF NEW CODES 92300, 92400 AND 92500

92100 - Remain the same

92200-92210-92220 remain the same

92250 is replaced by 92300

92300 -Deep Sedation(a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command. These states apply to any technique that has depressed the patient beyond conscious sedation except general anesthesia. Any technique leading to these conditions in a patient including neuroleptanalgesia/anesthesia or disassociative anesthesia, regardless of route of administration, would fall within this category of service. (includes pre-anesthetic evaluation and post anesthetic follow-up)

- 92301 One unit of time
- 92302 Two units of time
- 92303 Three units of time
- 92304 Four units of time
- 92305 Five units of time
- 92306 Six units of time
- 92307 Seven units of time
- 92308 Eight units of time
- 92309 Each additional unit of eight

92400 - Anesthesia, Conscious Sedation (a medically controlled state of depressed consciousness that allows protective reflexes to be maintained, retains the patients ability to maintain a patient airway independently and continuously and permits appropriate response by the patient to physical stimulation or verbal command, eg., "open your eyes". (includes pre-anesthetic evaluation and post anesthetic follow-up)

92410 Inhalation Technique (Nitrous Oxide + Oxygen)

- 92411 One unit of time
- 92412 Two units of time
- 92413 Three units of time
- 92414 Four units of time
- 92415 Five units of time
- 92416 Six units of time
- 92417 Seven units of time
- 92418 Eight units of time
- 92419 Each additional unit over eight

92420 Nitrous Oxide with Oral Sedation

- 92421 One unit
- 92422 Two units
- 92423 Three units
- 92424 Four units
- 92425 Five units
- 92426 Six units
- 92427 Seven units
- 92428 Eight units
- 92429 Each additional unit over eight

92430 Intravenous Sedation

- 92431 One unit of time
- 92432 Two units of time
- 92433 Three units of time
- 92434 Four units of time
- 92435 Five units of time
- 92436 Six units of time
- 92437 Seven units of time
- 92438 Eight units of time
- 92439 Each additional unit over eight

92440 Intra Muscular Injections of Sedative Drugs

- 92441 One unit
- 92442 Two units
- 92443 Three units
- 92444 Four units
- 92445 Five units
- 92446 Six units
- 92447 Seven units
- 92448 Eight units
- 92449 Each additional unit over eight

92450 Combined Techniques of Inhalation plus Intravenous and/or Intramuscular Injection

- 92451 One unit
- 92452 Two units
- 92453 Three units
- 92454 Four units
- 92455 Five units
- 92456 Six units
- 92457 Seven units
- 92458 Eight units
- 92459 Each additional unit over eight

92460 Oral Sedation

- 92461 One unit
- 92462 Two units
- 92463 Three units
- 92464 Four units
- 92465 Five units
- 92466 Six units
- 92467 Seven units
- 92468 Eight units
- 92469 Each additional unit over eight

92500 Non-Pharmacological Pain Control and Patient Management

92510 Hypnosis

- 92511 One unit of time
- 92512 Two units of time
- 92513 Three units of time
- 92514 Four units of time
- 92519 Each additional unit over four

92520 Acupuncture

- 92521 One unit of time
- 92522 Two units of time
- 92523 Three units of time
- 92524 Four units of time
- 92529 Each additional unit over four

92530 Electronic Dental Anesthesia

- 92531 One unit of time
- 92532 Two units of time
- 92533 Three units of time
- 92534 Four units of time
- 92539 Each additional unit over four

Requested by the Committee and
the Canadian Academy of Pediatric Dentistry

B. NEW PROCEDURE CODE

- 27220 Crown, Porcelain/Ceramic, $\frac{3}{4}$ Partial Veneer
- 27221 Crown, Porcelain/Ceramic, $\frac{3}{4}$ Partial Veneer + L
- 27222 Crown, Porcelain/Ceramic, $\frac{3}{4}$ Partial Veneer Complicated + L

Requested by the Committee

C. NEW PROCEDURE CODE

13410 Preventive Restorative Resin (procedure that involves some preparation of the pits and/or fissures in tooth enamel and may extend into dentin in limited areas)

- 13411 First tooth
- 13419 Each additional tooth same quadrant

Requested by the Committee and
the Manitoba Dental Association

AD HOC COMMITTEE ON CLINICAL PRACTICE GUIDELINES

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Mr. Brian Henderson, Chairman, CDA
Dr. Don Bonang, Provincial Dental Board of Nova Scotia
Dr. Guy Maranda, Université de Laval
Dr. Dorothy McComb, University of Toronto
Dr. Evelyn McNee, College of Dental Surgeons of B.C.

Coordinator: Mr. Richard McCoy

1. Committee Meeting

The Committee has held one meeting on November 5, 1994, in Ottawa.

ITEMS REQUIRING BOARD ACTION

2. CDA Guidelines on Clinical Practice Guidelines

The CDA Board of Governors established the ad hoc committee to review the topic of clinical practice guidelines and to make appropriate recommendations. We considered coordinated approaches to the development of clinical practice guidelines consistent with professional autonomy and recognition of the jurisdiction of provincial licensing authorities. Particular emphasis was placed upon the need for CDA to play a supporting role at the national level.

The product of the ad hoc committee's work is presented for approval. An identical draft version was circulated for review and comment to the annual meeting of CEOs and Registrars in November 1994 and comments received were supportive. No changes have been introduced since the circulation of the draft.

RESOLVED:

95.84 **THAT the Clinical Practice Guidelines, as presented in Appendix I, be approved.**

APPENDIX I

The Board of Governors refers the document to the provincial CEOs for further review and discussion at their annual meeting. The Board requests the document be presented at the 1996 Interim Meeting for approval.

The committee awaits direction of Executive Council with respect to any further initiatives or tasks to be pursued.

Respectfully submitted,

Brian Henderson, Chairman
Ad Hoc Committee on Clinical Practice Guidelines

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Ad Hoc Committee on Clinical Practice Guidelines.

PROPOSED

CDA AD HOC COMMITTEE ON CLINICAL PRACTICE GUIDELINES

CDA Ad Hoc Committee on Clinical Guidelines

In June of 1994, the Executive Council of the Board of Governors of the Canadian Dental Association approved the establishment of an ad hoc committee on clinical guidelines. The terms of reference of the committee were as follows:

1. To review, monitor and advise upon developments in the fields of clinical guidelines in each of the provinces.
2. To suggest common approaches, philosophy, structure and terminology which may assist licensing authorities in each of the provinces to develop individual positions, which would be harmonious and consistent with those of other provincial licensing jurisdictions.

In discharging this mandate, the committee reviewed documentation and proceedings from a workshop on clinical practice guidelines conducted by the Canadian Medical Association in collaboration with a number of other medical organizations. The principles which follow, in most cases, have been adapted from the Canadian Medical Association publication "Guidelines for Canadian Clinical Practice Guidelines". Changes have been freely made to meet the specific needs of the dental profession and additional principles developed by the committee have been included. The committee gratefully acknowledges its debt to the Canadian Medical Association in drawing upon this publication for its own purposes.

CLINICAL PRACTICE GUIDELINES

PHILOSOPHY AND ETHICS

1. The goal of the clinical practice guidelines should be to promote quality dental health care.
2. Clinical practice guidelines must be sufficiently flexible to allow patients and dental practitioners to exercise judgement when choosing among available options.
3. Clinical practice guidelines should contribute to informed decision making by patients and dental practitioners.
4. Clinical practice guidelines should recognize that the dental practitioner's primary responsibility is to his or her own patient, although legal or other requirements may need to be taken into account.
5. Clinical practice guidelines should provide scope for patient research initiatives recognized or approved by the appropriate professional or institutional authority.
6. Ethical issues should be considered in all phases of the clinical practice guideline process.

METHODS

7. Clinical practice guidelines should be developed by qualified dental practitioners in collaboration with relevant dental groups, other health care providers and experts as required.
8. Clinical practice guidelines should incorporate basic competencies outlined in "Competencies for a Beginning Dental Practitioner in Canada". (See Appendix a)
9. Clinical practice guidelines should reflect currently accepted professional procedures or be evidence based.
10. Evidence based components of clinical practice guidelines should:
 - a) cite the specific evidence bearing upon the conclusion
 - b) indicate the strength of the evidence
 - c) specify the date of the most recent evidence considered.
11. Before implementation, clinical practice guidelines should be reviewed by expert and user groups.
12. When appropriate, the developers of a clinical practice guideline should use a standardized summary to report the development process and key conclusion. (See Appendix b).

13. Clinical practice guidelines require continuing evaluation and revision as advances in dental knowledge occur.
14. The effectiveness of the clinical practice guideline process should be assessed with a well-designed program evaluation that incorporates user feedback.

COMPETENCIES FOR A BEGINNING DENTAL PRACTITIONER IN CANADA

Background

As a result of the Provincial Licensing Authorities request to change the method of certifying graduates of Accredited Faculties of Dentistry in Canada, the National Dental Examining Board of Canada (NDEB) has had to formulate a new examination process. This process will involve a written examination and an Objective Structured Clinical Examination (OSCE). The NDEB asked the Association of Canadian Faculties of Dentistry (ACFD) and the Commission on Dental Accreditation in Canada (CDAC) and the Council on Dental Education (CDACE) to participate in the development of this new process. At meetings of the NDEB/ACFD Ad Hoc Advisory Committee it was agreed that the first step in the development process should be the identification of competencies required for licensure as a general dentist in Canada.

In order to develop these competencies a workshop was held in Montreal, Quebec on October 23 and 24, 1993. The twenty-five workshop participants included the ten members of the NDEB/ACFD Ad Hoc Advisory Committee, the NDEB Executive, members of the NDEB Written and Clinical Examination Committees and representatives from the ACFD Management Committee, the CDAC and the CDACE. A list of participants is attached as Appendix "A".

The workshop participants, working in small groups, used distributed resource material and resource personnel to develop the competency statements. Consistency in the format and level of the statements was facilitated by calibration of the working-group chairs and by review of the statements at plenary sessions.

The participants approved the draft competency statements at the final plenary session and charged a small group with editing the final document. The final document was reviewed by all participants.

The final document has been developed primarily for use by the NDEB in developing the OSCE Examination. The competencies are therefore at a level that will guide the examination process but are not so specific as to guide curriculum development in the Faculties of Dentistry. The competencies have been distributed to the ACFD Management Committee, the CDAC and the CDACE for information. These organizations may wish to develop further the competencies in order to make them more useful for curriculum planning and accreditation.

Assumptions and Definitions

1. Competence is behaviour characterized by independent performance in realistic circumstances. The competencies identified in this document are required of all beginning dental practitioners in Canada. Higher levels of practice, including proficiency and mastery may be attained with additional experience and education.
2. Competency assumes that all behaviours are supported by foundation knowledge and skills and by appropriate values. Foundation knowledge includes the biomedical, behavioural and dental sciences. Beginning dental practitioners in Canada must be capable of applying foundation knowledge and skills and must be capable of using it to justify all of their decisions and actions. Therefore, foundation knowledge and skills are understood to be a part of every competency.
3. Competency assumes that all behaviours are performed to an acceptable level and that the practitioner can evaluate the quality and effectiveness of all behaviours performed.
4. The management of the appropriately identified oral health needs of a patient may include no treatment, observation, treatment by the dentist, treatment by the dentist following consultation with another health care professional, referral of a patient to another health care professional for management of identified oral health needs and monitoring any treatment provided. Treatment is assumed to include all actions (including preventive procedures and instructions) by a health care provider that are designed to alter the course of a patient's condition.
A dental practitioner must always provide oral health care for patients in an ethical manner in accordance with legal requirements as stipulated at the national and provincial level.
5. For the purpose of this document, the word "appropriate", when used as a modifier, implies modification or adjustment according to the specific circumstances (e.g. medical, financial, biomechanical, psychological) of a patient.

A GLOBAL COMPETENCY FOR A BEGINNING DENTAL PRACTITIONER IN CANADA

A beginning dental practitioner in Canada must be able to provide effective and appropriate oral health care for all patients. Oral health care includes examination, diagnosis, risk assessment, development of a treatment plan and/or treatment plan options, obtaining informed consent and management of the patient's oral health needs in an ethical manner in accordance with the legal requirements of the national and provincial jurisdictions. In addition, a general dentist must be able to justify the diagnosis, risk assessment and treatment plan based on the etiology, epidemiology and pathogenesis of the conditions and the biological rationale involved. A general dentist must be able to determine the prognosis and to evaluate the success of the management modalities utilized for individual patients.

Competencies for Beginning Dental Practitioners in Canada

A beginning dental practitioner in Canada must be competent to:

1. communicate effectively with patients, peers and the public with respect to ethical issues and standards of care.
2. identify the chief complaint or reason for a patient's visit.
3. make a general evaluation of a patient's appearance and attitude including the identification of any abnormal physical, emotional, or mental development.
4. obtain and interpret a medical history, social history, review of systems and dental history.
5. conduct an appropriate clinical and radiographic examination, and distinguish between normal and pathological hard and soft tissue abnormalities of the orofacial area.
6. assess the risks of radiation exposure and the diagnostic benefits of radiographic procedures, and select appropriate radiographs required for a diagnosis, taking cognizance of patient concerns and informed decisions.
7. Take and process periapical, bitewing, occlusal and panoramic radiographs.
8. Prescribe clinical, laboratory and other diagnostic procedures and tests in consultation with other health care providers as may be required for the proper dental and medical management of the patient.

9. interpret the findings from a patient's history, clinical examination, radiographic examination and from other diagnostic tests and procedures in order to identify the etiology and pathogenesis of oral conditions and growth disorders.
10. establish a diagnosis and develop a problem list of conditions and disorders requiring management.
11. determine the influence of the pathologic physiology of a systemic disease on oral health and management.
12. recognize the limitations of dental treatment in a general practice setting and formulate a written request for a consultation or referral when appropriate.
13. maintain accurate and complete patient records in a confidential manner.
14. develop an appropriate comprehensive, prioritized and sequenced treatment plan based on the evaluation of all relevant diagnostic data.
15. discuss the findings, diagnosis and treatment options with a patient and inform the patient or guardian of potential modifications and the consequences that could occur during the course of treatment.
16. present to a patient the sequence of treatment, the estimated fees, the payment arrangements, time requirements and the patient's responsibilities for treatment.
17. modify treatment plans for the medically, mentally or physically compromised or challenged patient.
18. select and use appropriate barrier techniques to prevent the transmission of infectious diseases.
19. select and use sterilization and disinfection procedures to prevent the transmission of infectious diseases.
20. explain and demonstrate infection control procedures to staff and patients, and respond to questions related to infection control.
21. recognize and institute procedures to prevent occupational hazards related to the profession of dentistry.
22. achieve local anesthesia for dental procedures.
23. prevent, recognize and manage potential complications related to local anesthesia.

24. determine the indications and contraindications for the use of drugs, the drug dosages and routes of administration for drugs used in general practice, and write appropriate prescriptions for drugs used in general dental practice.
25. recognize the common signs, symptoms and etiologies of anxiety and apprehension in dental patients.
26. implement appropriate management of the anxious or apprehensive dental patient.
27. prevent and manage dental emergencies.
28. recognize and manage systemic emergencies related to dental treatment.
29. manage patients with acute and chronic orofacial pain or discomfort including the provision of treatment normally provided in general dental practice.
30. manage surgical procedures related to oral soft and hard tissues including the provision of treatment normally provided in general dental practice.
31. manage trauma to the dento-facial complex.
32. manage complications associated with oral surgical procedures normally provided in general dental practice.
33. treat early and moderate forms of periodontal diseases and manage advanced periodontal diseases and monitor the effectiveness of treatment.
34. restore single tooth defects and esthetic problems, including the selection of materials and techniques.
35. manage partially and completely edentulous patients, including providing fixed, removable or implant prostheses normally provided in general dental practice.
36. manage pulpal pathology of primary and permanent teeth including the provision of endodontic treatment normally provided in general dental practice.
37. assess the dietary intake and oral hygiene status of a patient, in order to promote oral health and evaluate the effectiveness of a patient's self-care.
38. assess the need for and provide appropriate preventive procedures including topical and systemic therapeutic agents and modalities as well as instruction in mechanical oral health methods.
39. manage growth and developmental abnormalities and treat dental abnormalities normally treated in general dental practice.

40. recognize signs of physical or emotional neglect and/or abuse (including but not limited to child, spouse or elder abuse) and make appropriate reports and follow up the outcomes.
41. determine malocclusion treatment objectives and identify the treatment required to obtain these objectives.
42. explain the benefits of removable and fixed appliances in orthodontic treatment to patients and guardians.
43. make acceptable casts and other records that are required for use in the laboratory fabrication of dental prostheses and appliances.
44. design a dental prosthesis or appliance, write a laboratory work authorization, and evaluate laboratory products.
45. determine the level of expertise required in the treatment of a patient and recognize the practitioner limitations so that the medical and dental well-being of the patient will not be compromised.
46. obtain informed consent and obtain the patient's written acceptance of the treatment plan and any modifications.
47. locate, read, understand and critically evaluate the published dental and related literature and apply such information when evaluating new materials and procedures.
48. discharge obligations incumbent upon every professional including personal contributions to and support for the profession's collective initiatives in self-regulation, maintenance of standards and advancement of professional knowledge and expertise.
49. apply the basic principles of business administration, financial and personnel management to a dental practice.

The standardized summary, also called a structured abstract, was developed by Hayward and associates in collaboration with the US National Library of Medicine (NLM) and has been approved for online abstracts in NLM databases.

***Proposed format for structured abstracts of
clinical practice guidelines***

1. **Objective:** the primary objective of the guideline, including the health problem and the targeted patients, providers, and settings
2. **Options:** the clinical practice options considered in formulating the guideline
3. **Outcomes:** significant health and economic outcomes considered in comparing alternative practices
4. **Evidence:** how and when evidence was gathered, selected, and synthesized
5. **Values:** disclosure of how values were assigned to potential outcomes of practice options and who participated in the process
6. **Benefits, harms and costs:** the type and magnitude of benefits, harms and costs expected for patients from guideline implementation
7. **Recommendations:** summary of key recommendations
8. **Validation:** report of any external review, comparison with other guidelines or clinical testing of guideline use
9. **Sponsors:** disclosure of the person(s) who developed, funded, or endorsed the guideline

Reproduced with permission from Hayward RSA, Wilson MD, Tunis SR et al: More informative abstracts of articles on clinical practice guidelines. Ann Intern Med 1993; 118: 731-737.

COUNCIL ON CONSTITUTION AND BY-LAWS

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. Mac Balfour, Chairman - Oakville
Dr. John Silver, Vancouver
Dr. Lynn Stone, Edmonton
Dr. Gerald Turner, Glace Bay
Dr. George Peacock, Consultant, Saskatoon

Executive Liaison: Dr. Tom Breneman, Brandon

Senior Staff: Mrs. Sandra Davis, Manager, Corporate Affairs

Coordinator: Ms. Martyne Giroux

1. Council Meetings

One meeting of Council has taken place since the 1995 Interim Meeting of the Board of Governors. This meeting, utilizing a conference call, was held on May 23, 1995.

ITEMS REQUIRING BOARD ACTION

The items requiring consideration of the Board include those referred from the decisions taken during the 1995 Interim Meeting.

In Council's judgment, notice of motion for items included in Appendices II, V, VI and VII is appropriate and was circulated as required under Article XXVII - Section 1 - Amendment of By-Laws.

APPENDIX I

2. Dissolution Clause in CDA By-Laws

The opinion of CDA auditors, McCay Duff was revisited. A dissolution clause disclosing the beneficiary of CDA assets and accumulated income in the event of a "wind-up, amalgamation or dissolution" would assist in keeping CDA's non-profit status clear in terms of Revenue Canada requirements. In order to maintain non-profit status, no part of an organization's assets may be paid or made available for the personal benefit of its members.

Council reviewed dissolution clauses of various national non-profit organizations, and agreed that CDA should have a clause in its By-Laws which identifies, in general rather than specific terms, the beneficiary of its assets in the event of dissolution. This follows the direction of the Board of Governors, and satisfies the opinion of McCay Duff.

RESOLVED:

95.85 THAT the appended Dissolution Clause be added to the CDA By-Laws, as the new Article XXVII; and,

APPENDIX II

THAT the existing Article XXVII - Amendment of By-Laws be re-numbered as Article XXVIII; and,

APPENDIX III

FURTHER THAT the Index be amended to reflect the re-numbering of Articles.

APPENDIX IV

ADOPTED

3. Article VIII - Board of Governors, Section 10 - Submitted Resolutions

In December, 1994, Council reviewed the pros and cons of a possible amendment to Article VIII - Board of Governors, Section 10 - Submitted Resolutions and it was agreed that some flexibility in this area was appropriate for a progressive organization. Council presented a draft proposed amendment at the 1995 Interim Board of Governors Meeting which reflected Council's discussion to date, and served as notice for the 1995 Annual Meeting. The Board referred the draft proposed amendment back to Council for further review and clarification, prior to presentation at the 1995 Annual Meeting.

Council reviewed Article VIII - Board of Governors, Section 10 - Submitted Resolutions, and made further clarifications to its recommended amendment.

RESOLVED:

95.86 THAT Article VIII - Board of Governors, Section 10 - Submitted Resolutions be approved as amended.

APPENDIX V

ADOPTED

4. **Notice of Meetings and Proposals - CDA Board of Governors**
Article VIII - Board of Governors, Section 7 - Board Sessions and
Section 8 - Notice of Meetings

At the 1995 Interim Meeting of the CDA Board of Governors, a question arose on notice requirements to act on recommendations contained in the report of the Ad Hoc Committee on Dental Plan Design. For a number of reasons, a decision was made to refer this report back to the Executive Council. Council viewed it appropriate to review the matter of notice as it relates to reports from CDA Commissions, Councils and Committees.

Requirements, including those of notice, for board sessions are stipulated under Article VIII, Sections 7 and 8. Additionally, the by-laws contain special notice requirements for amendment of by-laws (Article XXVII) and election of officers (Article X).

The duties of the Board of Governors, Article VIII, Section 6 (d) require the Board to "receive and act upon reports of the Executive Council, other councils, commissions and committees". The roles and responsibilities of the Executive Council, Article IX, Section 7(f) require that the Executive Council "shall provide the recommended agenda for each Board of Governors meeting and shall review all reports prepared for presentation and make recommendations concerning each report". Although, in Council's view, bylaws allow for the consideration of reports up to and including those circulated during the meeting, the responsibility of Executive Council to review all reports and comment on each, suggests that early submission of reports is anticipated and preferable. Executive Council may want to consider a conference call to review reports containing recommendations for Governors' consideration, that are received after its pre-board meetings.

Over the past several years it has been the practice to regularly hold an Interim Session of the Board of Governors. The notice for the Interim Session requires a statement of business to be considered thereat. This stipulation recognizes that the Interim Session is not required to be held, and presumes that special circumstance exist if notice of such a meeting is given. Council believes it advisable to amend Article VIII to make it consistent with the actual practice regarding board sessions over the past several years.

RESOLVED:

95.87 THAT Article VIII - Board of Governors, Section
7 - Board Sessions and Section 8 - Notice of
Meetings be approved as amended.

APPENDIX VI

ADOPTED

5. Article XVII - Sections**(a) Canadian Academy of Oral Radiology (CAOR) - Change of Name**

Council reviewed correspondence from Dr. Paula Sikorski, President, Canadian Academy of Oral Radiology in which she informed CDA that the CAOR approved a motion at their 22nd Annual Meeting to change the name of their organization to the "Canadian Academy of Oral and **Maxillofacial** Radiology". This change reflects the specialty as it is known internationally. Council agreed that the proposed change of name was not in conflict with CDA By-Laws.

On May 5, 1995, a memo was forwarded to CEO's - Corporate Members to bring the CAOR request to their attention, and to request that they contact CDA to identify any concerns. No objections had been identified at the time of the preparation of Council's report.

(b) Housekeeping

It was brought to Council's attention that there was an inconsistency in the listing of two specialty organizations under Article XVII - (a) Sections of the Association and the information in the CDA Directory of Officials. The two organizations are the Canadian Association of Orthodontists and the Association of Prosthodontists of Canada. Council also noticed a typographical error in the name of the Canadian Academy of Periodontology.

These have been confirmed to be typographical errors which occurred when the CDA By-Laws were transferred to a new computer system.

RESOLVED:

95.88 THAT Article XVII - Sections (a) be approved as amended.

ADOPTED**APPENDIX VII****6. Article VIII - Board of Governors - Section 1(b) Composition - Housekeeping**

It was brought to the Council's attention that the name of the Department of Veterans Affairs had changed to the Department of Veterans Affairs Canada. The By-Laws included a reference to the name "Department of Veterans Affairs" in Article VIII - Board of Governors,

Section 1(b) - Composition. This Department's name should be amended to indicate "Department of Veterans Affairs Canada".

RESOLVED:

95.89 THAT Article VIII - Board of Governors, Section 1(b) - Composition be approved as amended.

**APPENDIX VIII
ADOPTED**

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. Canadian Society of Public Health Dentists (CSPHD) - Change of Name

The CSPHD adopted a motion at their Annual General Business Meeting to change the name of the Society to the "Canadian Society of Public Health **Dentistry**" and approved an amendment to allow the Society to accept health professionals, other than dentists, as full members.

Council discussed concerns raised by the Ontario Dental Association at the 1995 Interim Meeting. Further clarification of these concerns was requested, but was only received after Council's meeting. Dr. Balfour and Council's consultant, Dr. Peacock have reviewed this information and requested further direction from Executive Council on this matter.

This proposal will be discussed and voted on at the CSPHD Annual General Meeting in August. Council will present further information on this matter in its report to the 1996 Interim Board of Governors Meeting.

NOTE: Notice of Motion provided in Board documentation.

Executive Council directs the Council on Constitution and By-Laws to prepare necessary By-Law amendments for name change and present for review and approval at the 1996 Interim Board of Governors' Meeting.

8. Article IX - Executive Council, Section 11 - Quorum

Council presented a recommendation at the 1995 Interim Meeting to amend Article IX - Executive Council, Section 11 - Quorum. Council believed this to be a housekeeping amendment in terms of consistency with Article XVI - Section 3 - General Rules, item (c).

Since this motion was defeated at the 1995 Interim Board Meeting, Council will take no further action on this matter, unless directed otherwise by Executive Council.

9. Council would like to recognize the contribution made by Dr. John Silver who is completing his second term on Council at the 1995 Annual Meeting. Council would also like to express thanks to Ms. Martyne Giroux and Mrs. Sandra Davis for their ongoing assistance.

Respectfully submitted,

Mac Balfour, D.D.S., Chairman
Council on Constitution and By-Laws

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Constitution and By-Laws.



APPENDIX I

MEMORANDUM

May 24, 1995

TO: Chairman and Members, Board of Governors
CEO's - Corporate Members
Chairman, Council on Constitution & By-Laws

FROM: Jardine Neilson, Executive Director

**SUBJECT: NOTICE OF PROPOSED AMENDMENT TO THE
CDA CONSTITUTION AND BY-LAWS**

CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE

OFFICE
OF THE
EXECUTIVE
DIRECTOR

CABINET
DU
DIRECTEUR
GÉNÉRAL

As a result of a meeting of the Council on Constitution and By-Laws on May 23, 1995, CDA received notice from the Chairman of Council of proposed amendments to the CDA Constitution and By-Laws.

As required under Article XXVII - Section 1 - Amendment of By-Laws, the proposed amendments are herewith circulated. Section 1 further requires "that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken". Therefore, this memorandum will serve as notice of motion for by-law amendments to be considered at the 1995 Annual Meeting of the CDA Board of Governors.

*Attached as Appendices I to IV are the amendments proposed by the Council on Constitution and By-Laws.

The report of the Council on Constitution and By-Laws will be included in the resource material for the August CDA Board of Governors Meeting. Council's report will provide further background on the proposed amendments. Council will also present some minor housekeeping amendments at that time.

*Circulated appendices were re-numbered II, V, VI and VII in Council's report.

Encls.

PROPOSED

ARTICLE XXVII

DISSOLUTION CLAUSE

In the event of the dissolution or winding up of the Association, it is especially provided that all of the assets remaining after the payment and satisfaction of the Association's debts and liabilities shall be distributed to one or more organizations in Canada carrying on similar activities or having objects similar to one or more of the objects of the Association. The Association is to carry on its operations without pecuniary gain to the Association's members, and any profits or other accretions to the Association are to be used in promoting its objects.

CURRENT

ARTICLE XXVII

AMENDMENT OF BY-LAWS

Section 1

These By-laws may be amended or repealed by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the Board of Governors, to the Secretary of each Corporate member and to the Chairman of the Constitution and By-laws Council. Any such amendment or repeal shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors. No enactment, repeal or amendment of the By-laws of Association shall be enforced or acted upon until the approval of the Minister of Industry and Science Canada has been obtained.

Section 2

The notice of any proposed amendment required by Section 1 hereof may be dispensed with by unanimous vote of the members of the Board of Governors present at any meeting. Any amendments to be made pursuant to this section shall require for adoption the unanimous vote of the members of the Board of Governors present at any such meeting.

Section 3

Amendments to these By-laws for which notice has been given under Section 1 or waived under Section 2 may be further amended without notice by majority consent of the Board members present providing that the proposal as amended subsequently receives the approval required under Section 1 or Section 2.

ENACTED By the Board of Governors this 2nd day of October, 1994.

WITNESS the corporate seal of the Association

President

APPENDIX III

PROPOSED

ARTICLE XXVIII

AMENDMENT OF BY-LAWS

Section 1

These By-laws may be amended or repealed by the Board of Governors in session provided that a copy of the proposed amendments shall have been mailed to the Executive Director of the Association at least three months prior to the meeting of the Board of Governors at which action upon such amendments is proposed to be taken. A copy of such proposed amendments shall be forthwith mailed by the Executive Director to each member of the Board of Governors, to the Secretary of each Corporate member and to the Chairman of the Constitution and By-laws Council. Any such amendment or repeal shall require for adoption the affirmative vote of two-thirds of the members of the Board of Governors. No enactment, repeal or amendment of the By-laws of Association shall be enforced or acted upon until the approval of the Minister of Industry and Science Canada has been obtained.

Section 2

The notice of any proposed amendment required by Section 1 hereof may be dispensed with by unanimous vote of the members of the Board of Governors present at any meeting. Any amendments to be made pursuant to this section shall require for adoption the unanimous vote of the members of the Board of Governors present at any such meeting.

Section 3

Amendments to these By-laws for which notice has been given under Section 1 or waived under Section 2 may be further amended without notice by majority consent of the Board members present providing that the proposal as amended subsequently receives the approval required under Section 1 or Section 2.

ENACTED By the Board of Governors this 2nd day of October, 1994.

WITNESS the corporate seal of the Association

President

CURRENT

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PROPOSED

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CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section 10 - Submitted Resolutions

Any Corporate member of the Association may submit a written resolution for consideration by the Board of Governors provided such resolution is received at the offices of the Association at least 30 days before the next annual or interim session of the Board.

PROPOSED

ARTICLE VIII

BOARD OF GOVERNORS

Section 10 - Submitted Resolutions

Any Corporate member of the Association may submit a written resolution for consideration by the Board of Governors provided such resolution is received at the offices of the Association at least 30 days before the next annual or interim session of the Board. **Any resolution of a Corporate member which is not received 30 days before the session may be introduced by a Governor during the proceedings of an Annual or Interim Session of the Board provided that an affirmative vote of three-quarters of the members of the Board of Governors in attendance at that Session authorize that such a resolution be introduced.**

CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section 7 - Board Sessions

(a) Annual Session

The Board of Governors shall meet at least once annually at such time and place as may be determined by the Executive Council.

(b) Interim Session

An interim session of the Board of Governors shall be called by the President on a majority vote of the Executive Council or on written request of a majority of the members of the Board of Governors. The time and place of the interim session shall be determined by the President but must not be more than forty-five (45) days after receipt of such request. The agenda of an interim session shall contain the subject or subjects referred to in the application for an interim session but shall be enlarged to include such other matters as proposed by governors who are not party to the application for an interim session by majority vote of the members present and voting at an interim session.

Section 8 - Notice of Meetings

(a) Annual Session

The Executive Director shall cause to be published in the Journal of the Canadian Dental Association an official notice of the time and place of each annual session and shall send to each member of the Board of Governors an official notice of the time and place of the annual session at least thirty (30) days before the opening of such session.

(b) Interim Session

The Executive Director shall send an official notice of time and place of each interim session and a statement of the business to be considered thereat to each member of the Board of Governors not less than fifteen (15) days before the opening of such session.

PROPOSED

ARTICLE VIII

BOARD OF GOVERNORS

Section 7 - Board Sessions

(a) Annual Session

The Board of Governors shall meet at least once annually at such time and place as may be determined by the Executive Council.

(b) Interim Session

In addition to the Annual Session, the Board of Governors may meet at such time and place as may be determined by Executive Council.

(c) Special Session

A **special** session of the Board of Governors shall be called by the President on a majority vote of the Executive Council or on written request of a majority of the members of the Board of Governors. The time and place of the **special** session shall be determined by the President but must not be more than forty-five (45) days after receipt of such request. The agenda of a **special** session shall contain the subject or subjects referred to in the application for a **special** session but shall be enlarged to include such other matters as proposed by governors who are not party to the application for a **special** session by majority vote of the members present and voting at a **special** session.

Section 8 - Notice of Meetings

(a) Annual and Interim Sessions

The Executive Director shall cause to be published in the Journal of the Canadian Dental Association an official notice of the time and place of each annual **and interim** session and shall send to each member of the Board of Governors an official notice of the time and place of the annual **and interim** sessions at least thirty (30) days before the opening of such session.

(b) Special Session

The Executive Director shall send an official notice of time and place of each **special** session and a statement of the business to be considered thereat to each member of the Board of Governors not less than fifteen (15) days before the opening of such session.

CURRENT

ARTICLE XVII

SECTIONS

Sections of the Association shall be the national organizations of the specialties recognized by the Association and which have applied for and have been admitted to Section status by the Board of Governors.

- (a) The Sections of the Association are:

SPECIALTY	ASSOCIATION/SOCIETY
Endodontics	Cdn Academy of Endodontics
Oral & Maxillofacial Surgery	Cdn Assoc. of Oral & Maxillofacial Surgeons
Oral Pathology	Cdn Academy of Oral Pathology
Oral Radiology	Cdn Academy of Oral Radiology
Orthodontics	Cdn Assoc. of Orthodontics
Paedodontics	Cdn Academy of Pediatric Dentistry
Peridontology	Cdn Academy of Peridontology
Prosthodontics	The Assoc. of Prosthodontics of Canada
Public Health Dentistry	Cdn Society of Public Health Dentists

PROPOSED

ARTICLE XVII

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(a) The Sections of the Association are:

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Oral Pathology	Cdn Academy of Oral Pathology
Oral Radiology	Cdn Academy of Oral and Maxillofacial Radiology
Orthodontics	Cdn Assoc. of Orthodontists*
Paedodontics	Cdn Academy of Pediatric Dentistry
Periodontology	Cdn Academy of Periodontology*
Prosthodontics	The Assoc. of Prosthodontists* of Canada
Public Health Dentistry	Cdn Society of Public Health Dentists

* Correction of typographical errors

CURRENT

ARTICLE VIII

BOARD OF GOVERNORS

Section I - Composition

- (a) There shall be a Board of Governors which shall include (i) the President; (ii) the Immediate Past-President; (iii) the President-Elect; (iv) the Vice-President; (v) one member from each Provincial Corporate Member for the first 500 active and licensed life members or part thereof exclusive of members who are officers of the Canadian Forces Dental Services; (vi) one member for each additional 500 active and licensed life members or majority thereof in each province, exclusive of members who are officers in the Canadian Forces Dental Services; (vii) one member representative of the Student members; (viii) one member for each 500 active and licensed life members or part thereof of the members who are officers in the Canadian Forces Dental Services; (ix) one member representative of Affiliate members from a province wherein the Affiliate membership in that province is greater than 250 members, and where in the opinion of the Executive Council of the CDA, the appointment of an affiliate governor from that province is in the national interest of the profession. Every member of the Board other than a Student Member or an Affiliate member appointed in accordance with (ix) of this section shall while holding office be and remain an Active member of the Association.
- (b) In addition, there shall be two non-voting members, namely, the senior dental representative of the Department of Health Canada and the Department of Veterans Affairs.
- (c) The Chairman of the Board of Governors and the appointed officials of the Association shall be ex-officio members without the power to vote.

PROPOSED

ARTICLE VIII

BOARD OF GOVERNORS

Section I - Composition

- (a) There shall be a Board of Governors which shall include (i) the President; (ii) the Immediate Past-President; (iii) the President-Elect; (iv) the Vice-President; (v) one member from each Provincial Corporate Member for the first 500 active and licensed life members or part thereof exclusive of members who are officers of the Canadian Forces Dental Services; (vi) one member for each additional 500 active and licensed life members or majority thereof in each province, exclusive of members who are officers in the Canadian Forces Dental Services; (vii) one member representative of the Student members; (viii) one member for each 500 active and licensed life members or part thereof of the members who are officers in the Canadian Forces Dental Services; (ix) one member representative of Affiliate members from a province wherein the Affiliate membership in that province is greater than 250 members, and where in the opinion of the Executive Council of the CDA, the appointment of an affiliate governor from that province is in the national interest of the profession. Every member of the Board other than a Student Member or an Affiliate member appointed in accordance with (ix) of this section shall while holding office be and remain an Active member of the Association.
- (b) In addition, there shall be two non-voting members, namely, the senior dental representative of the Department of Health Canada and the Department of Veterans Affairs **Canada**.
- (c) The Chairman of the Board of Governors and the appointed officials of the Association shall be ex-officio members without the power to vote.

COUNCIL ON EDUCATION

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

MEMBERS:	Dr. David Donaldson, Vancouver, Chairman Ms. Ann Cant, Halifax Ms. Joanne Clovis, Halifax Dr. Roger Ellis, Toronto Dr. Joel Epstein, Vancouver Dr. Jim Main, Toronto Dr. Helen Lyttle, Halifax Dr. Thomas Raddall, Liverpool Dr. David Scott, Edmonton Dr. Richard Taché, Montreal Ms. Donna Wells, Don Mills
Executive Liaison:	Dr. Toby Gushue, St. John's
Senior Staff:	Mr. Brian Henderson, Director, Education & Accreditation/ Professional Services Ms. Susan Matheson, Associate Director, Education & Accreditation
Coordinators:	Ms. Christiane Dowsing/Mrs. Lorraine Emmerson

ITEMS REQUIRING BOARD ACTION

The Council on Education met on June 5, 1995.

1. CDA Recognition Program for Educational Resources for Dental Professionals

The Continuing Education Committee of the Council on Education met on May 1, 1995. The Committee discussed ways in which it might be supportive of continuing education policies and programs in each of the provinces. Provincial Licensing Bodies within Canada are interested in the establishment of mechanisms which might provide guidance on the quality of the many continuing education offerings on the market. In this context Committee members reviewed the proposed criteria for a CDA Recognition Program for Educational Resources for Dental Professionals which would establish a means of recognizing self-instructional products directed to dental professionals.

The Committee also reviewed a request from the American Dental Association to include Canadian-based providers of continuing education in the ADA Continuing Education Recognition Program (CERP). Information on the ADA CERP Program is included as Appendix I. It was felt that CDA should cooperate with the ADA process rather than establish a completely separate process for recognizing providers.

APPENDIX I

The Committee recommended to Council that a recognition program for self-instructional programs in continuing education should be developed by the CDA as quickly as possible.

RESOLVED:

- 95.90 **THAT the establishment of a Recognition Program for Self-instructional Educational programs, as described in Appendix II, be approved.**

APPENDIX II

ADOPTED

The Board of Governors directs that promotion be handled by the Communications Department.

Council also agreed with the committee's recommendation to cooperate with ADA in the Continuing Education Recognition Program.

RESOLVED:

- 95.91 **THAT CDA approve and list CERP recognized continuing education providers on the following conditions:**

- 1) a CDA representative be appointed to the ADA's CERP Review and Policy Committees;
- 2) CERP accept a member of the CDA Continuing Education Committee on the Review Committee and Policy Committee;
- 3) CDA negotiate a fee to cover the cost of CDA's participation in the program.

ADOPTED

The Board of Governors identified these conditions as the basis for initiating discussions with the American Dental Association.

3. Terms of Reference - Continuing Education Committee of the Council on Education

Council members were asked to consider new terms of reference which were drafted for the Continuing Education Committee. New terms of reference will be required if the above recommendations are approved by the CDA.

APPENDIX III**RESOLVED:**

- 95.92** **THAT the Terms of Reference for the Continuing Education Committee be revised, as outlined in Appendix III, provided the CDA Board of Governors approves the introduction of a CDA Recognition Program for Self-Instructional Continuing Education products and cooperation with ADA in CERP.**

ADOPTED**ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION****4. Proposed Revision re: Qualifications for Specialty Program Directors**

A proposal to revise the wording of the requirements for accreditation of a specialty program to state that "the specialty course director must have fellowship in the Royal College of Dentists of Canada in that specialty or be appropriately specialty board certified in the United States", was circulated to the wider community for comment. Reaction indicated that this wording could create difficulties in recruiting suitable candidates. Council agreed to recommend a new wording.

The Council on Education will reiterate to the Commission on Dental Accreditation of Canada its support for the proposed change, but recommend the wording be revised to state: "the specialty course director must have fellowship in the Royal College of Dentists of Canada in that specialty or hold equivalent qualification from elsewhere".

5. Opening Conference Task Force on Dental Education

Appendix IV provides information on an opening conference for the Task Force on Dental Education which is planned for August 27, 1995. A Preliminary Program is included for information.

APPENDIX IV

6. **Application for Specialty Recognition - Oral Medicine and Dental Anaesthesia**

The Council on Dental Education received two applications for specialty recognition, one from Oral Medicine and one from Dental Anaesthesia. The Council has agreed in principle to recommend to the CDA Board of Governors specialty recognition for both disciplines, but has postponed presentation of a recommendation to the Board until both submissions have been widely distributed for information and comment. Once responses are received, the recommendations and a review of comments received will be presented to the Interim Board in March of 1996.

Executive Council refers this item to the Council on Constitution and By-Laws for review and necessary action.

7. **Teaching Conferences**

The 1995 Teaching Conference "Clinic Administration - Patients, Computers and Dollars" will be held in Vancouver on October 27-28, 1995, chaired by (Dr. David Donaldson). The 1996 Teaching Conference, "Computer Applications in Dental Practice and Education", will be held in Montreal on October 11-12, 1996. Dr. Arto Demirjian will chair the 1996 conference. Council approved the topic of "Implants" for the 1997 Teaching Conference and the topic of "Coping with Cultural Diversity" for the 1998 Teaching Conference.

8. **CDA/ADA Reciprocal Agreement**

Council members were updated on the current status of the reciprocal agreement. CDA has responded to initial correspondence from the ADA and the ADA will be further discussing this issue at their July 1995 meeting. In addition the NDEB reported that all groups and all examinations would be reviewed at the 1996 NDEB executive meeting. CDA values the long history of cooperation with the ADA that has occurred with respect to dental education since the development of the reciprocal agreement in 1986.

9. **Appreciation**

I would like to thank the Council members and CDA staff, Christiane Dowsing and Lorraine Emmerson, Susan Matheson, Associate Director and Brian Henderson, Director for their continued assistance and support.

Respectfully submitted,

David Donaldson, Chairman
Council on Education

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Education.

American
Dental
Association

211 East Chicago Avenue
Chicago, Illinois 60611-2678
(312) 440-2500
Fax (312) 440-7494



APPENDIX I

April 21, 1995

Dr. David Donaldson, Chairman
Council on Education
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6
CANADA

Dear Doctor Donaldson:

At its March 25, 1995 meeting the American Dental Association's Continuing Education Recognition Program (CERP) Policy Board discussed the potential participation of Canadian-based continuing education provider organizations in the ADA CERP. The CERP Standards and Procedures indicate that CE providers must be based in the United States or Canada in order to be eligible for recognition. While the availability of ADA CERP recognition has not been widely publicized to Canadian providers, several such groups have sought and received recognition.

The CERP Policy Board would like to expand the participation of Canadian-based providers in CERP, in order to better meet the needs of U.S. dentists who attend CE courses in Canada, as well as Canadian dentists who must meet the CE requirements of U.S. organizations. However, we are reluctant to market the program to Canadian groups without the knowledge and support of the Canadian Dental Association. Therefore, the Policy Board requested that I correspond with you regarding this matter.

Some background on CERP may be helpful. The ADA CERP was initiated in 1993 as a voluntary, national-level program to evaluate CE provider organizations according to established standards of program quality. Providers that meet these standards are recognized in a variety of ways. Their course offerings are accepted for CE credit by the majority of state dental boards that have mandatory CE for licensure renewal, as well as by the Academy of General Dentistry (AGD). We currently have over 200 participating providers. The program is governed by the CERP Policy Board, which represents the ADA, the AGD, the American Association of Dental Schools and the American Association of Dental Examiners, as well as the eight recognized specialties and the public. I am enclosing additional information about the ADA CERP program for your reference.

The CERP Policy Board is interested in exploring the feasibility of closer cooperative ties with the Canadian Dental Association regarding continuing education evaluation. It is

Dr. David Donaldson
April 21, 1995
Page 2

my understanding that the CDA does not currently have a program to evaluate CE providers. Therefore, I am writing to inquire whether the CDA might consider developing a program for this purpose, similar to the ADA CERP? If so, would there be a potential for development of a reciprocal agreement for mutual recognition of approved providers? Such an agreement might be similar to those already established for predoctoral, advanced and allied dental education programs. If the CDA is interested in developing an evaluation program, the CERP Policy Board would be pleased to offer its experiences and materials to assist in this endeavor.

If the CDA is not interested in establishing a CE evaluation program, would it be possible for us to cooperate in publicizing the availability of CERP recognition to Canadian CE providers? The Policy Board believes that participation in the CERP evaluation program could benefit the quality of CE available for U.S. and Canadian dentists, as well as assist both ADA and CDA members in meeting their CE requirements. Further, it seems appropriate for our national dental organizations to extend our ongoing cooperative efforts to this last segment of the dental education continuum.

I would appreciate it if you would raise this issue for discussion at the June 1995 meeting of the CDA Council on Education. If you have any questions regarding the ADA CERP or would like additional materials to share with your Council members, please contact Ms. Lois Schuhrke, director, Center for Educational Development and Research, ADA (312-440-2694). I look forward to hearing from you following your June meeting, and to having an opportunity to work together for the benefit of both organizations' members.

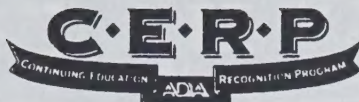
Sincerely,

Dennis J. Brandstetter

Dennis J. Brandstetter, D.D.S.
Chairman
CERP Policy Board

DJB:is

cc: Mr. Brian Henderson, director, Council on Education, CDA
Mr. Jardine B. Neilson, executive Director, CDA
Dr. Richard W. D'Eustachio, president, ADA
Dr. Richard D. Wilson, chairman, Council on Dental Education, ADA
Dr. John S. Zapp, executive director, ADA
Dr. Clifford H. Miller, interim deputy executive director, ADA
Dr. James J. Koelbl, assistant executive director, Division of Education, ADA
Ms. Lois L. Schuhrke, director, Center for Educational Development and Research, ADA



FACT SHEET

- The Continuing Education Recognition Program (CERP) has been in operation for about 18 months. CERP evaluates and approves institutions and organizations that provide continuing dental education.
- Recognizing the need to offer its members and the dental community a way to choose continuing education courses with confidence, the ADA started CERP in conjunction with a group of organizations that broadly represent the dental profession. CERP is governed by a Steering Committee that includes representatives of the American Dental Association, the Academy of General Dentistry, the American Association of Dental Examiners, the American Association of Dental Schools, and the eight organizations representing the recognized dental specialties.
- CERP evaluates providers in 14 aspects of program quality. Only providers of continuing dental education that can meet CERP's standards and criteria are granted CERP approval and are authorized to use the CERP logo and/or approval statement on their publications. And once approved, providers are held accountable for maintaining those same high standards.
- To date, the CERP Review Committee has granted recognition to 176 national and regional providers of continuing dental education.
- CERP is not a registry of CE credits. CERP's role is to evaluate providers and assist state boards and other organizations that have CE requirements to identify CE providers whose activities are acceptable for credit.
- All CERP-recognized CE providers are automatically considered approved sponsors by the Academy of General Dentistry. The AGD recently adopted a policy permitting CERP-recognized providers to publicize that their courses are accepted for credit toward the FAGD and MAGD awards.
- Currently, participating providers pay a \$200 application fee and \$300 annual fee.
- All CE providers in the United States and Canada are eligible for CERP approval, although this national-level recognition is probably most important for providers that offer their programs in more than one state.
- As a new program, CERP is still evolving to meet the needs of the profession and to improve the quality of continuing dental education.

**FOR MORE INFORMATION ABOUT CERP, CALL THE MEMBERS'
TOLL-FREE NUMBER AND ASK FOR EXT. 2717; OR CALL (312) 440-2500;
OR WRITE TO ADA, 211 EAST CHICAGO AVENUE, SUITE 1804, CHICAGO, IL 60611**



Your Sign of a Qualified CE Provider.



American Dental Association

American Association of Dental Examiners

American Association of Dental Schools

Academy of General Dentistry

American Academy of Oral
and Maxillofacial Pathology

American Academy of Pediatric Dentistry

American Academy of Periodontology

American Association of Endodontists

American Association of Oral and
Maxillofacial Surgeons

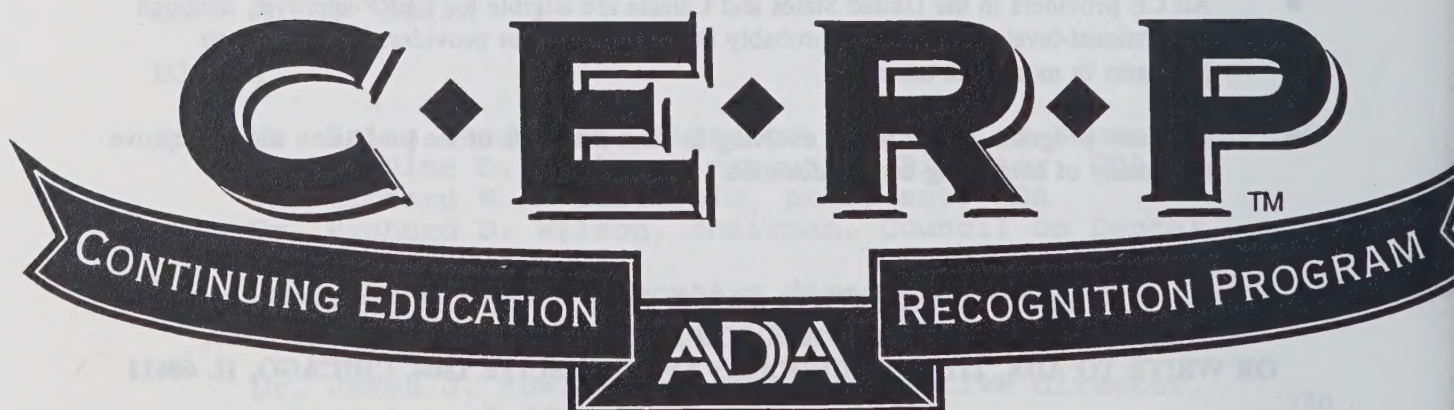
American Association of Orthodontists

American Association of Public Health Dentistry

American College of Prosthodontists



211 East Chicago Avenue, Chicago Illinois 60611
312-440-2500



WHAT IS CERP, AND HOW DOES IT AFFECT ME?

Q CERP stands for Continuing Education Recognition Program - a program administered under the auspices of the American Dental Association. It evaluates and approves institutions and organizations that provide continuing dental education. If you're considering taking a CE course, you'll want to know about CERP.

HOW CAN CERP HELP ME CHOOSE CONTINUING DENTAL EDUCATION?

Q CERP evaluates providers in 14 aspects of program quality, so you don't have to. Only those providers of continuing dental education that can meet CERP's standards and criteria are granted CERP approval and are authorized to use the CERP logo and/or approval statement on their publications. And once approved, providers are held accountable for maintaining those same high standards.

THERE ARE THOUSANDS OF CE COURSES, HOW DO I KNOW IF THE ONE I'VE CHOSEN IS CERP APPROVED?

Q Ask before you register. Before you entrust someone with something as important as your continuing dental education, ask them if they are a CERP-recognized provider, or look for references to CERP on their printed materials. There are too many courses offered to evaluate each one, and they change constantly. So CERP looks at the providers, judging them on their ability to provide quality continuing dental education to you.

WHY WAS CERP STARTED?

Q Recognizing the need to offer its members and the dental community a way to choose CE with confidence, the ADA started CERP in conjunction with CERP's sponsoring organizations (see back panel for list of sponsors).

HOW DOES A PROVIDER BECOME CERP APPROVED?

Q CERP is a voluntary program to which providers may apply and be evaluated for recognition by undergoing a rigorous review process. Only those eligible providers that submit documentation demonstrating substantial compliance with the CERP standards and criteria receive CERP recognition.

WHAT ABOUT CE CREDIT?

Q CERP is not a registry of CE credits. CERP's role is to evaluate providers and assist state boards and other organizations that have CE requirements to identify CE providers whose activities are acceptable for credit. For example, credits earned through a CERP-recognized provider are accepted toward the AGD Fellowship and Mastership awards.

**FOR MORE INFORMATION ABOUT CERP,
CALL 312/440-2500**

(ADA members only may call toll-free 1-800-621-8099) and ask for information on the Continuing Education Recognition Program (CERP).
Or, write to CERP, c/o American Dental Association, 211 E Chicago Ave, Chicago IL 60611.

STANDARDS
&
PROCEDURES

CERP

Continuing
Education
Recognition
Program

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HOW TO APPLY FOR ADA CERP RECOGNITION

Providers or sponsors of continuing dental education wishing to apply for Continuing Education Recognition Program (CERP) recognition should:

1. Review the ADA CERP eligibility criteria to determine whether recognition should be pursued.
2. Review the ADA CERP standards to determine whether program adjustments should be made prior to applying for recognition.
3. Review the ADA CERP application form to determine whether all documentation required to demonstrate compliance with the standards is available.
4. Submit four copies of the completed application form and requested documentation with the required application fee. More specific directions are included in the application form.

ELIGIBILITY:

The Continuing Education Recognition Program is intended to be a unified, national-level program which is voluntary in nature. Although ADA CERP may be most applicable to those providers that offer CE activities nationally or regionally or that draw attendees from multiple states, any provider of CE meeting the ADA CERP standards and criteria and the following requirements will be eligible for recognition.

A CE provider submitting an application for approval must meet the following eligibility criteria:

1. The CE provider must be based in the United States or Canada.
2. The CE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided at the end of this document.
3. A CE provider must ensure that all courses offered have a sound scientific basis in order to adequately protect the public. ADA CERP reserves the right not to process applications from providers who promote or sponsor continuing education courses that do not have a sound scientific basis, proven efficacy or ensure public safety.
4. The applicant must demonstrate a minimum of one year of experience as a CE provider offering CE programs to dentists.
5. The CE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program consistent with the definition of provider at the end of this document.
6. Institutions, organizations or major units or departments within an institution/organization (e.g., an oral and maxillofacial surgery department of a medical center) are eligible to apply for recognition. Recognition extends only to the CE provider; recognition does not extend to individual courses, programs or lecturers.
7. A CE provider must demonstrate that it is targeting its activities to a great extent to dentists by providing dental-oriented topics and course content. It is the intent of the CERP to recognize those providers that are primarily addressing the CE needs of dentists.

ADA component societies that meet the standards are eligible to apply for ADA CERP recognition. Although ADA CERP may not directly benefit some smaller groups, such as local CE study clubs, such groups are encouraged to explore possible affiliation agreements with their local or state dental societies.

ADDITIONAL INFORMATION: _____

Additional detailed information about the procedures and regulations governing ADA CERP is included in this document following the standards.

ADA CERP STANDARDS/CRITERIA FOR RECOGNITION

To obtain and then retain recognition, applicant continuing dental education providers must demonstrate compliance with the following Standards/Criteria for Recognition. These published Standards/Criteria address 14 different areas and are accompanied in most areas by recommendations. The recommendations offer suggestions to improve the provider's continuing dental education program; they are not requirements for recognition.

STANDARDS/CRITERIA

STANDARD I. Mission/Goals _____

CRITERIA

1. The provider must develop and operate in accordance with a written statement of its broad, long-range goals/mission related to the continuing education program.
2. The goals/mission must relate to the health care needs of the public and/or interests and needs of the profession.
3. The individual or authority responsible for administration of the continuing education program must have input into development of the overall program goals/mission.
4. There must be a clear formulation of the overall goals of both (a) the providing institution or organization, and (b) the entire continuing education program.
5. A mechanism must be provided for periodic reappraisal and revision of the provider's continuing education goals.

RECOMMENDATIONS

- A. The goals/mission of the continuing education program should be consistent with the goals of the organization or institution.

- B. The goals of the continuing education program should be relevant to the educational needs and interests of the intended audience.

STANDARD II. Needs Assessment

CRITERIA

1. Providers must use identifiable mechanisms to determine objectively the current professional needs and interests of the intended audience, and the content of the program must be based upon these needs.
2. The program planner must be responsible for carrying out or coordinating needs assessment procedures.
3. Identified needs/interests must be developed from data sources that go beyond the provider's own perceptions of needs/interests.
4. The provider must document the process used to identify needs/interests.
5. The provider must state the needs/interests identified and indicate how the assessment is used in planning educational activities.
6. The provider must involve members of the intended audience in the assessment of their own educational needs/interests.

RECOMMENDATIONS

- A. The needs assessment method used is not critical, provided it serves the purpose of consulting (or otherwise gaining insight into) the needs and interests of the potential audience. Advisory committees representing a cross section of the intended audience or constituency can be effective. Surveys may be conducted by mail, by phone, or during specific continuing education activities.
- B. Cooperative efforts to gather and/or use needs assessment data are recommended, if appropriate. Where intended audiences are the same, use of another organization's needs assessment data may provide better information than the provider's resources would otherwise allow.

STANDARD III. Objectives

CRITERIA

1. Explicit written educational objectives identifying the expected learner outcomes must be developed for each activity and published in advance for the intended audience.
2. The program planner must be ultimately responsible for ensuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by the instructor, course director or program planner.

3. Educational objectives that provide direction in selecting specific course content and choosing appropriate educational methodologies to achieve the expected learner outcomes must be developed for each activity during the earliest planning stages.
4. The written educational objectives must be published and distributed to the intended audience as a mechanism for potential attendees to select courses on a sound basis.

RECOMMENDATIONS

- A. Educational objectives should form the basis for evaluating the effectiveness of the learning activity.
- B. Specific educational objectives may include, but are not limited to, the following categories:
(1) changes in the attitude and approach of the learner to the solution of dental problems;
(2) corrections of outdated knowledge; (3) provision of new knowledge in specific areas; (4) introduction to and/or mastery of specific skills and techniques; and (5) alteration in the habits of the learner. Accurate educational objectives succinctly describe the education that will result from attending the course.

STANDARD IV. Evaluation

CRITERIA

1. The provider must develop and use activity evaluation mechanisms that:
 - a. are appropriate to the objectives and educational methods;
 - b. measure the extent to which course objectives have been accomplished;
 - c. assess course content, instructor effectiveness, and overall administration.
2. The provider must use an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and must provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional in nature.
3. The provider must use an evaluation mechanism that will help the provider assess the effectiveness of the continuing education activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the provider's activities.
4. The provider must periodically conduct an internal review to determine:
 - a. the extent to which the goals are being achieved;
 - b. the extent to which activity evaluation effectively and appropriately assesses:
 1. educational objectives;
 2. quality of the instructional process;
 3. participants' perception of enhanced professional effectiveness;
 - c. whether evaluation methods are appropriate to and consistent with the scope of the activity;
 - d. how effectively activity evaluation data are used in planning future continuing education activities.

RECOMMENDATIONS

- A. The evaluation mechanisms should allow participants to assess course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth.
- B. The provider should give feedback to the instructor concerning the information produced by evaluation of the continuing education activity.

STANDARD V. Commercial or Promotional Conflict of Interest

In 1993 the U.S. Food and Drug Administration (FDA) proposed a policy statement on Industry Supported Scientific and Educational Activities. This policy statement addresses concerns about educational activities funded by industry and the conditions under which industry support for educational activities are, and are not, subject to regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act.

Activities designed to market or promote the products of a commercial company are subject to FDA regulation, while activities that are essentially independent of commercial influence are not. In this context, the CERP standards and criteria are designed to ensure 1) that all activities offered by CE providers are independent of commercial influence, either direct or indirect, or 2) that all commercial relationships of the provider or between the provider, course presenters and/or a commercial company are fully disclosed to participants.

CRITERIA

- 1. CE providers must assume responsibility for ensuring the content quality and scientific integrity of all continuing dental education activities.
- 2. CE providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and faculty selection on the provider. These guidelines must not conflict with the CERP's Standards/Criteria for Recognition. Each CE learning experience offered must conform to this policy.
- 3. The ultimate decision regarding funding arrangements for continuing dental education activities must be the responsibility of the CE provider. Continuing dental education activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants 1) in announcements, brochures or other educational materials, and 2) in the presentation itself.
- 4. CE providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the provider and the commercial supporter.
- 5. CE providers must disclose to participants any monetary or other special interest the provider may have with any company whose products are discussed in its CE activities. Disclosure must be made in promotional material and in the presentation itself.
- 6. CE providers must ensure that a balanced view of all therapeutic options is presented, or that the promotional nature of the activity is fully disclosed. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.
- 7. CE providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.

8. CE providers must assume responsibility for taking specific steps to protect against and/or disclose any conflict of interest of the faculty/instructors presenting courses. Signed conflict of interest statements must be obtained from all faculty.

RECOMMENDATIONS

- A. The following are examples of outside or commercial support that is customary and proper:
 - payment of reasonable honoraria;
 - reimbursement of out-of-pocket expenses for faculty;
 - modest meals or social events held as part of the educational activity.
- B. The CE provider and the commercial supporter or other relevant parties should each report to the other on the expenditure of funds each has provided, following each subsidized continuing dental education activity.

STANDARD VI. Educational Methods ---

CRITERIA

1. Educational methods must be appropriate to the stated objectives for the activity.
2. The continuing education program planner must be responsible for choosing the educational methods to be used in consultation with advisory committees, instructors, educational advisors, or potential attendees.
3. Educational methods must be appropriate to the characteristics or composition (especially skill level) of the intended audience.
4. Educational methods must be appropriate to the facilities used for the activity.
5. The continuing education program planner must have a written description of the methods to be used, which will assist in effective planning as well as evaluation of the activity.
6. For participation activities, group size must be limited in coordination with the nature of available facilities and the number of instructors/evaluators. Very careful attention to group size is mandatory when planning an activity that requires participants to perform complex tasks requiring supervision and evaluation.
7. Participants must be cautioned about the potential risks of using limited knowledge when incorporating techniques and procedures into their practices, especially when the course has not provided them with supervised clinical experience in the technique or procedure to ensure that participants have attained competence.
8. For self-instructional activities, provision must be made for participant feedback and interchange with individuals having expertise in the subject area. A mechanism by which the learner can assess his/her mastery of the material must be supplied.
9. Self-instructional activities that are primarily audio or audiovisual in nature must be augmented by additional written materials which serve the purpose of summarizing, further explaining, or

clarifying the audio or audiovisual material, and which provide references that can be pursued for further study in the subject.

RECOMMENDATIONS

- A. For self-instructional activities, audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.
- B. Providers who plan self-instructional activities should ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.
- C. The size of the potential audience for any continuing education activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The appropriate use of films, slides, television, and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program, rather than used as the sole method of instruction.
- D. Providers are encouraged to give attendees resource materials and references to facilitate post-course practical application of course content, as well as continued learning.

STANDARD VII. Instructors

CRITERIA

- 1. CE providers must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter.
- 2. The number of instructors employed for a continuing education activity must be adequate to ensure effective educational results.
- 3. The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.
- 4. The instructor/attendee ratio is most critical in participation courses. CE providers must ensure that close supervision and adequate direct interchange between participants and instructors will take place.
- 5. Providers must assume responsibility for communicating specific course objectives and design to instructors early in the planning process.

RECOMMENDATIONS

- A. Providers should be responsible for working closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.

- B. A wide variety of sources should be explored and used to select qualified instructors.
- C. The teaching staff for any continuing education program should consist of dentists and other professionals in related disciplines who have demonstrated ability, training and experience in the relevant fields.
- D. Instructors should possess the demonstrated ability to communicate effectively with professional colleagues, as well as an understanding of the principles and methods of adult education.
- E. Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.
- F. Providers should develop clearly-defined policies on honoraria and expense reimbursement for instructors.

STANDARD VIII. Facilities _____

CRITERIA

- 1. Facilities selected for each activity must be appropriate to accomplish:
 - a. the intended educational method(s);
 - b. the stated educational objectives.
- 2. The CE provider must be responsible for ensuring that facilities and equipment (including those borrowed or rented) are adequate and in good working condition, so that instruction can proceed smoothly and effectively.
- 3. Adequate space and equipment must be provided to accommodate the size of the intended audience.
- 4. For participation courses, sufficient space and equipment (and patients, if used) must be available to allow active participation by each learner without any learner experiencing undue idle time.
- 5. If attendees are required to provide materials and equipment, the provider must make this requirement clear to potential enrollees, and the provider must provide enrollees with specific descriptions of all equipment and materials required.

STANDARD IX. Administration _____

CRITERIA

- 1. Administration of the program must be consistent with:
 - a. the goals of the program;
 - b. the objectives of the planned activities.
- 2. The CE program must be under the continuous guidance of an administrative authority and/or individual responsible for its current and future content and its quality.

3. The CE provider must obtain input from an advisory committee regarding the goals, objectives and content of the CE program. The advisory committee must include at least one dentist and be broadly representative of the intended audience or constituency.
4. To maintain continuity, the provider must develop specific procedures for personnel changes, particularly with regard to the program planner.
5. The program planner must commit sufficient time to planning and conducting the continuing education program relative to its planned size and scope of activity.
6. Where the size or extent of the continuing education program warrants, there must be provision for adequate support personnel to assist with program planning and implementation.
7. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.
8. The administrative authority must be responsible for maintaining accurate records of participants' attendance and for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures.
9. CE providers must assume responsibility for the compliance by attendees with applicable laws and regulations. The provider must ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CE provider, notice must be given to attendees to obtain written commitments of coverage from their carriers.
10. The CE provider must be responsible for
 - a. establishing clear lines of authority and responsibility;
 - b. conducting a planning process;
 - c. ensuring that an adequate number of qualified personnel are assigned to manage the program;
 - d. ensuring continuity of administration.
11. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the CERP-recognized provider whenever the provider acts in cooperation with providers that are not recognized by the CERP.
12. When two or more CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards.

RECOMMENDATIONS

- A. The program planner should have background and experience appropriate to the task.
- B. Continuity of administration and planning is necessary for the stability and growth of the program. It is recommended that:
 - a. members of the administrative authority or advisory committee be selected for a term of longer than one year;
 - b. members of the administrative authority or advisory committee serve staggered terms of office.

STANDARD X. Fiscal Responsibility _____

CRITERIA

1. Fiscal resources must be sufficient to meet:
 - a. the goals of the program;
 - b. the objectives of the planned activities.
2. Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.
3. In instances where continuing education is only one element of a provider's activities, resources for continuing education must be a clearly identifiable component of the provider's total budget and resources.
4. The provider must maintain a budget for the overall continuing education program, to include all costs and income, both direct (e.g., honoraria, publicity costs, tuition fees, refunds, or foundation grants) and indirect (e.g., use of classroom facilities or equipment, unpaid instructor time, etc.).
5. Resources must be adequate for the continual improvement of the program.

RECOMMENDATIONS

- A. Separate budgets for each activity should be prepared, but institutional or organizational policies requiring that each individual activity to be presented be self-supporting tend to restrict the quality of the continuing education program unduly, and are discouraged.

STANDARD XI. Publicity _____

CRITERIA

1. Publicity must be informative and not misleading. It must include:
 - a. course title;
 - b. a description of course content;
 - c. the educational objectives;
 - d. a description of teaching methods to be used;
 - e. costs;
 - f. the name of the provider and contact person;
 - g. course instructor(s) and their qualifications;
 - h. refund and cancellation policies;
 - i. location;
 - j. date/time;
 - k. specifics as to the provider's recognition status and number of credits available.
2. For effective presentation and assimilation of course content, the prior level of skill, knowledge, or experience required (or suggested) of participants must be clearly specified in publicity materials.

3. Publicity on continuing education activities must provide complete and accurate information to the potential audience.
4. Providers must avoid misleading statements regarding the nature of the activity or the benefits to be derived from participation.
5. Accurate statements concerning credits for the activity and the provider's recognition status must be included. CE providers must ensure that such statements follow the wording prescribed by the agency granting the credits or recognition so that participants do not misinterpret them.
6. The name of the provider, as well as any organization or agencies providing financial support, must be clearly stated.

RECOMMENDATION

- A. The attendees' expectations concerning course content and anticipated learning are based on course publicity. Complete and detailed publicity materials will help ensure that those who want and need the course will attend, and that they will be motivated to learn. Materials containing less than complete and accurate information will almost always result in disappointment and dissatisfaction on the part of all or some attendees.

STANDARD XII. Admissions

CRITERIA

1. In general, continuing education activities must be available to all dentists.
2. If activities require previous training or preparation, the necessary level of knowledge, skill or experience must be specified in course announcements.
3. If previous training or preparation is necessary for learners to participate effectively in the activity, the provider must (1) provide a precise definition of knowledge, skill or experience required for admission; (2) demonstrate the necessity for any admission restriction, based on course content and educational objectives; and (3) specify in advance, and make available a method whereby applicants for admission may demonstrate that they have met the requirement. Such methods must be objective, specific and clearly related to the course content and stated requirements.

RECOMMENDATIONS

- A. Where activities are offered at an advanced level, providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity.
- B. Though providers are not obligated to provide continuing education activities for all dental occupational groups, admission policies that discriminate arbitrarily among individuals within an occupational group, without sound educational rationale, are not acceptable.

STANDARD XIII. Patient Protection

CRITERIA

1. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:
 - a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course.
 - b. Informed consent from the patient must be obtained in writing prior to treatment.
 - c. Appropriate equipment and instruments must be available and in good working order.
 - d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist.
2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.
3. The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the state/province where the course is held) are not doing so in violation of state dental licensure laws.
4. The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained.
5. Patients must be informed in non-technical language of:
 - a. the training situation;
 - b. the nature and extent of the treatment to be rendered;
 - c. any benefits or potential harm that may result from the procedure;
 - d. available alternative procedures;
 - e. their right to discontinue treatment.
6. There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, equipment and instruments, as well as emergency care facilities, must be provided.
7. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.
8. The provider must assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant's competence arise.
9. The provider must assume responsibility for providing any necessary post course treatment, either through the practitioner who treated the patient during the course, or through some alternative arrangement.
10. Providers, instructors and participants must have liability protection.

RECOMMENDATIONS

- A. In order to meet course objectives, patients should be screened prior to the course to ensure the presence of an adequate number of individuals with conditions requiring the type of treatment relevant to the course content.
- B. Providers should consult with legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.

STANDARD XIV. Record Keeping

CRITERIA

- 1. Providers must issue accurate records of individual attendance to attendees.
- 2. Documentation must not resemble a diploma or certificate that attests, or appears to attest, to specific skill, or specialty or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.
- 3. Credit awarded to participants of a recognized provider's educational activity must be calculated as follows:
 - a. For formal structured lectures, credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). No credit should be awarded if the course is less than one hour in duration.
 - b. For courses in which a significant portion of course content involves the participant in the active manipulation of dental materials or devices, the treatment of patients or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods).
 - c. Individuals who complete audio or audiovisual self-instructional programs should receive credit equal to twice the length of the instructional time on the program's cassette, film, or videotape, for a minimum of two hours of credit.
 - d. Individuals who complete written self-instructional programs should receive a minimum of two credit hours and a maximum of eight credit hours per program segment.
- 4. Verification of attendance documentation must clearly indicate at least:
 - a. the name of the CE provider;
 - b. the date(s), location and duration of the activity;
 - c. the title of the activity and/or specific subjects;
 - d. educational methods used (e.g., lecture, videotape, clinical participation);
 - e. number of credit hours awarded (excluding breaks and meals).

RECOMMENDATIONS

- A. Providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.

- B. Providers should cooperate with course participants and with regulatory or other requiring agencies in providing documentation of course attendance, as necessary.
- C. Each attendee is responsible for maintaining his/her own records and for reporting his/her CE activities to all appropriate bodies in accord with any jurisdictional and/or membership requirements.

ADA CERP APPLICATION AND EVALUATION PROCEDURES

Voluntary Nature of the Continuing Education Recognition Program

The Continuing Education Recognition Program is voluntary. Neither the CERP Review Committee nor the dental profession will coerce or exert pressure on any CE provider to participate in the program. Any decision not to participate in the program will be respected.

Neither the CERP Policy Board nor the CERP Review Committee will release in any form the name of a CE provider which has not applied for, or has applied for but not received, recognition. All inquiries as to the recognition status of a specific provider will be answered by referral to the published list of recognized CE providers. The continuing education provider is recognized in the following forms:

1. A unique provider number is assigned to the provider.
2. The recognized provider is authorized and encouraged to use a standard statement indicating its recognition status in course brochures and other materials publicizing its courses.

A current roster of recognized CE providers is published for distribution, and may appear periodically in national, state and local dental publications. Additionally, the current roster will be provided to state dental boards, constituent dental societies, allied dental organizations and other dental professional organizations upon request. These groups may use the results of the ADA CERP program and recognize the ADA CERP-recognized providers in various manners to fulfill their CE interests/obligations.

Applications

To apply for recognition, the CE provider/sponsor must complete the "Continuing Education Recognition Program Application," a form which relates to each of the 14 standards addressed in the CERP Standards/Criteria. The application, together with any required documentation or pertinent data, is submitted to the CERP Review Committee for evaluation.

Recognition

All CERP-recognized continuing dental education providers shall be designated "recognized providers" for the length of their period of recognition which shall be three years. Any deficiencies or concerns noted during the review will be identified and transmitted to the provider.

Recognition of a provider does not imply recognition or approval of that provider's satellite or parent organizations, parent company, subsidiaries, cooperating agencies or divisions.

The following statement has been approved for use by a recognized provider wishing to refer to its ADA CERP recognition in announcements, promotional materials, publications or any other form of communication:

"(name of provider)" is an ADA CERP Recognized Provider

While previously approved statements published in earlier editions of *CERP Standards and Procedures* are acceptable, the CERP Review Committee expects providers to use the above statement when making reference to CERP recognition in future publicity materials. The terms "accreditation" or "accredited" must not be used in conjunction with ADA CERP recognition. The provider's course evaluation form may include information on how program participants may file comments or complaints with CERP.

An official list of ADA CERP-recognized providers will be published and updated whenever there are additions, deletions or status changes, usually at six (6) month intervals. This list will be routinely distributed without charge to all organizations participating in the CERP; the list will be distributed to other interested groups and/or individuals upon request.

Confidentiality

The Continuing Education Recognition Program will not release in any form the name of any continuing dental education provider that:

1. has initiated contact with the CERP Review Committee concerning application for recognition;
2. has applied for recognition but has not yet been apprised of a decision;
3. has applied for and been denied recognition.

Further, the CERP Review Committee will not confirm that a CE provider has not applied for recognition, or provide details regarding any weaknesses of an ADA CERP-recognized provider. All inquiries as to the recognition status of a specific provider will be answered by referral to the published, official list of ADA CERP-recognized providers.

The Continuing Education Recognition Program reserves the right to notify members of its participating organizations in the event that a provider's recognition is withdrawn, if a provider's recognition status changes, or if a provider uses false or misleading statements regarding its ADA CERP recognition.

Regulations Governing the Recognition Process

1. All providers interested in recognition by ADA CERP must complete a CERP Application form and submit it to the CERP Review Committee for consideration. Application deadlines shall be regularized and published, and shall fall approximately three months prior to meetings of the Review Committee.

2. Within 30 days after receipt of the CERP Application, it will be reviewed to determine 1) provider eligibility (based on the stated eligibility criteria) and 2) completeness of information submitted. If problems are identified, the provider will be notified that:
 - a. it is ineligible to apply for recognition, and be advised to either withdraw the application or revise it to demonstrate eligibility.
 - b. certain required information is missing from the Application which must be submitted prior to consideration by the Review Committee.
3. The Application will be considered at the next regularly scheduled meeting of the CERP Review Committee. If the Review Committee determines that the application does not provide adequate information on which to base a recognition action, the Committee may seek additional information from the applicant provider or from alternative sources.

The Review Committee reserves the right to survey program participants or to collect supportive data through any means considered necessary to facilitate a recognition decision.

4. Applicant CE providers will be notified of the action taken by the Review Committee within 30 days after a recognition action is taken.
5. The effective date of recognition is the month in which action is taken by the CERP Review Committee. In no case will recognition be granted retroactively or prior to action taken by the Review Committee. The length of recognition, i.e., three (3) years, will be clearly stated in the letter that transmits the Review Committee's action to the provider.

If recognition is granted, the provider will be provided with the following information:

- a. the effective dates of the recognition;
- b. a statement that must be used to announce or publicize ADA CERP recognition;
- c. an assigned provider code for use in reporting attendance at activities;
- d. responsibilities and procedures for reporting attendance at activities;
- e. general procedures and timeframes regarding expiration of recognition and reapplication;
- f. requirements and recommendations for improvements in the provider's CE program.

Recognition may be contingent on the submission of one or more progress reports at specified intervals. The CERP Review Committee reserves the right to reevaluate a provider at any time by surveying participants in the provider's CE activities, by reviewing activities in person, or by requiring additional information concerning the provider and/or its activities. Recognized providers have an obligation to ensure that major changes or additions to the program, such as implementing patient treatment courses or requiring prerequisites for admission, must conform with ADA CERP standards and criteria. Major changes must be reported in keeping with the ADA CERP Policy on Substantive Changes.

6. **Recognition will be denied** if there is non-compliance with the ADA CERP Standards/Criteria for Recognition. If recognition is denied, the applicant provider will be provided with the following by certified mail:
 - a. identification of the specific standards/criteria with which the Review Committee found noncompliance;
 - b. requirements and recommendations for alterations and/or improvements in the provider's continuing dental education program;
 - c. rules and mechanisms governing resubmission and appeal of the CERP Review Committee's decision.

7. **Recognition will be withdrawn** by the CERP Review Committee for the following reasons:

- a. A voluntary request is received from the recognized provider.
- b. The Review Committee finds noncompliance with the CERP Standards/Criteria for Recognition. Specific reasons for the action will be identified.
- c. The provider submits false and/or misleading information.
- d. The provider fails to submit documentation requested in writing in a timely manner, usually within 60 days.
- e. Continuing dental education activities have not been offered for a period of two years or more.
- f. Required fees have not been paid.

Complaints

Formal written complaints about recognized CE providers will be considered by the CERP Review Committee if the complaint documents substantial noncompliance with the CERP Standards/Criteria for Recognition or established recognition policies. Complaints can be forwarded to the Review Committee by course participants, course faculty, other CE providers, constituent dental societies, state boards of dentistry and other interested parties. Upon receipt of such a formal complaint, the Review Committee will initiate a formal review of the provider's recognition status. Any such reviews will be conducted in accord with the ADA CERP's policy on complaints, in a manner that ensures due process.

A recognized provider may also be reevaluated at any time if information is received from the provider or other sources that indicates the provider has undergone changes in program administration or scope, or may no longer be in compliance with the CERP Standards/Criteria for Recognition.

Continued Recognition of Previously Recognized Providers

The re-recognition process begins about 12 months prior to the designated recognition expiration date. The Review Committee notifies recognized CE providers and sends them information about the re-recognition procedures, including a specific schedule. Application deadlines shall be regularized and published, and shall fall approximately three months prior to meetings of the Review Committee.

Providers must complete and submit a CERP Application by the specified deadline prior to the date when the provider's recognition will expire. In addition to the Application form, the provider must submit any other specifically identified materials documenting its continued compliance with the CERP Standards/Criteria for Recognition, as well as improvements in any previously-identified areas of deficiency or weakness.

If a provider will be promoting courses scheduled to be presented after the recognition expiration date, the provider is encouraged to submit a renewal application early to ensure that the recognition statement printed on such promotional materials will be accurate.

Fees

All ADA CERP-recognized providers are required to pay an annual (or 12-month) fee, as well as a modest application fee. Fees set by the CERP Review Committee are based on the operating expenses of the ADA CERP.

The non-refundable application fee must be paid when the application form for initial recognition and for continued recognition is submitted. ADA CERP-recognized providers are billed for the annual fee when the review process is completed and recognition has been awarded. The annual fee will subsequently be due at 12-month intervals. The following fees have been established:

Application fee	-	\$200
Annual fee	-	\$300

Non-payment of all required fees within the established deadline(s) will be viewed as a decision by the ADA CERP-recognized provider to voluntarily withdraw from the Continuing Education Recognition Program. The name of the previously recognized provider will be removed from the current list of ADA CERP recognized providers when it is next published. Any provider wishing to reinstate its recognition following discontinuation for non-payment of fees will be required to submit a CERP Application and follow the established procedures for continued recognition.

Information on ADA CERP Governance and Objectives

Reasons for Program

The ADA CERP was created to assist members of the American Dental Association, the recognized specialty organizations, the American Association of Dental Schools, the American Association of Dental Examiners, the Academy of General Dentistry and the broad-based dental profession in identifying and participating in quality continuing dental education. It is also a goal of the ADA CERP to assist dental regulatory agencies to establish a sound basis for increasing their uniform acceptance of CE credits earned by dentists to meet the CE relicensure requirements currently mandated by the majority of licensing jurisdictions.

Like other health professions, dentistry has supported the importance of providing continuing education that leads to improvement in the quality of patient care. Continuing study has long been affirmed as a fundamental and lifelong responsibility of the professional person. Individual dentists demonstrate their support for the principle of lifelong learning through their active participation in CE activities even in those jurisdictions where CE is not required. Each year, thousands of continuing education courses are presented by hundreds of providers—dental schools, dental societies and companies that specialize in course presentations. Most provide dentists with valuable information that can be successfully integrated into the dental practice.

The ADA CERP reviews CE providers or sponsors and recognizes those that demonstrate that they routinely meet certain basic standards of educational quality. ADA CERP's clearly defined policies and procedures are the basis for evaluating the educational processes used by CE providers in designing, planning and implementing continuing education. This review and recognition helps individual dentists select courses presented by recognized CE providers and may enhance their level of satisfaction with those courses.

Recognition of a provider by the CERP Review Committee does not imply endorsement of course content, products or therapies presented. It is a goal of the ADA CERP that the credits earned by individuals who participate in continuing education offered by recognized providers will be widely accepted by licensing jurisdictions, dental societies and other groups that have CE requirements.

Program Objectives

Specific objectives of the recognition program are:

1. To improve the educational quality of continuing dental education programs through self-evaluation conducted by the CE program provider in relation to the ADA CERP Standards/Criteria for Recognition, and/or through counsel and recommendations to CE providers from the Review Committee.
2. To assure participants that recognized continuing education program providers have the organizational structure and resources necessary to provide CE activities of acceptable educational quality, i.e., activities that should assist the participant in providing an enhanced level of care to patients.
3. To promote uniform standards for continuing dental education that can be accepted nationally by the dental profession.
4. To achieve national acceptance of the continuing dental education activities of recognized providers.
5. To assist regulatory agencies and/or other organizations responsible for granting credit in identifying those continuing dental education providers whose activities are acceptable for credit toward licensure or membership requirements or voluntary recognition programs.
6. To reduce duplication of regulatory/review efforts of multiple dental agencies by consolidation of these activities into one approval agency, the Continuing Education Recognition Program, which includes input from these various agencies.

ADA CERP Governing Structure

The Continuing Education Recognition Program is structured to include broad input from those dental groups with an interest in continuing dental education at the policy-setting level. The program is governed by the CERP Policy Board and the CERP Review Committee.

CERP Policy Board: The CERP Policy Board is responsible for overall administration of the ADA CERP and for setting the policies that govern the program. The 18-member CERP Policy Board meets once each year in conjunction with a meeting of the CERP Review Committee. This committee is structured as follows:

- 8 – Recognized Specialty Organizations (appoint one member each)
- 2 – American Association of Dental Examiners (AADE)
- 2 – American Association of Dental Schools (AADS)
- 2 – Academy of General Dentistry (AGD)
- 2 – American Dental Association (ADA)
- 1 – Continuing Education Expert/Public member
- 1 – Council on Dental Education member (serves as chair)

18 members

Because the focus of the ADA CERP is on continuing education for dentists, the CERP Policy Board is composed of dentists; allied dental team members are not eligible for appointment to this committee. Each appointing organization selects individuals with knowledge, experience and interest in continuing education.

The costs associated with these members attending CERP Policy Board meetings are borne by the appointing organizations. To ensure an adequate number of general practitioners, the ADA's Council on Dental Education appoints general dentists to this committee whenever possible.

CERP Review Committee: Responsible for implementation of ADA CERP policy, the CERP Review Committee meets twice a year to review and act on all applications for initial and continued recognition. This 8-member committee is structured as follows:

- 5 – general dentists
- 2 – specialists
- 1 – CE expert/public member

8 members total

The members of the CERP Review Committee are selected from the members of the 18-member CERP Policy Board. Decisions of the Review Committee are final and are not reviewed by the Council on Dental Education, the ADA Board of Trustees, the ADA House of Delegates or by any other body, except for provisions related to appeals that ensure due process.

Terms of Committee Members: Members of the CERP Policy Board and the CERP Review Committee are appointed to a four year term by their respective organizations. A rotational schedule ensures that a core of experienced members serve on both committees at all times.

Responsibilities: The responsibilities of the two CERP committees are as follows:

The CERP Policy Board:

1. develops and approves the CERP Standards/Criteria that are used by the Review Committee in the review and recognition of CE providers;
2. reviews and approves any policy affecting the structure and governance of the Continuing Education Recognition Program;
3. reviews broad-based continuing education issues and makes recommendations regarding these matters to appropriate policy-making bodies; make recommendations to the CERP Review Committee on procedural or operational matters of interest/concern to the broad-based continuing dental education communities;
4. works to develop uniform procedures and materials and encourage the broad-based use/acceptance by the dental CE communities;
5. serves as liaison to dental and dental-related organizations concerned with the approval program.

The CERP Review Committee:

1. evaluates the initial and re-recognition applications and any progress reports submitted by those providers or sponsors of continuing dental education wishing to participate in the ADA CERP;
2. recognizes those CE providers found to be in compliance with the CERP Standards/Criteria;
3. develops and implements ADA CERP's operational policies and procedures;
4. develops and disseminates information, conducts workshops and supports other activities related to the recognition process;

5. serves as a standing committee of ADA's Council on Dental Education on issues of continuing dental education policy.

Appeals

The Council on Dental Education serves as the appellate body for the ADA CERP. When necessary, the Council hears an appeal at its next regularly scheduled meeting. Appeals are conducted in accord with the ADA CERP's formal appeals procedure.

In the event that the CERP Review Committee takes adverse action on an application for provider recognition, the provider may appeal the decision. Adverse actions are defined as denial or withdrawal of recognition. The following conditions and policies apply:

1. Providers who are denied recognition have the opportunity to appeal the decision of the Review Committee if they believe the decision to be capricious, arbitrary, or prejudicial. Appeals may not be based on the length of the recognition period, disagreement with the ADA CERP's Standards/Criteria for Recognition, or solely on the desire to provide additional information to the Committee.
2. The appellate body, i.e., the Council on Dental Education, must be notified by certified mail of the provider's intent to appeal the Review Committee's action to deny or withdraw recognition. Such notice must occur no later than 30 days following the provider's receipt of its notice of the adverse action.
3. Appeals will be heard by the Council on Dental Education at its next regularly scheduled meeting. The provider must submit an Appeal Fee of \$500.00 at least four weeks prior to the scheduled appeal. The appeal may include an appearance before the Council on Dental Education and other due process steps described in the ADA CERP's Policy and Procedures for Appeals. The decision of the Council is final.

LEXICON OF TERMS

Many discussions of continuing dental education result in misinterpretation or confusion because frequently-used terms may be defined differently in the context of continuing education (CE). To clarify the intent of this document, the following terms are defined as they will be used in relation to continuing dental education. CE providers should familiarize themselves with these definitions to ensure complete understanding of information provided in this document.

ACTIVITY: An individual educational experience such as a lecture, clinic or home-study package. (See COURSE)

CONTINUING DENTAL EDUCATION: Educational activities designed to review existing concepts and techniques, to convey information beyond basic dental education and to update knowledge on advances in dental and medical sciences. The objective is to improve the knowledge, skills and ability of the individual to deliver the highest quality of service to the public and profession. The basic sciences and behavioral and social sciences should be considered inseparable from technical knowledge in their influence on the professional person, and for this reason, educational experiences in these areas are an equally valid part of continuing dental education.

Continuing education programs are usually of short duration and are not structured or sequenced to provide academic credit toward a certificate or degree. Such courses are not applicable to advanced standing in specialty education programs. Continuing education courses are conducted in a wide variety of forms using many methods and techniques and are sponsored by a diverse group of institutions, schools and organizations. Continuing education should favorably enrich past educational experience. These programs should make it possible for dentists and allied team members to attune dental practice to modern knowledge as it continuously becomes available. All continuing education should strengthen the habits of critical inquiry and balanced judgement that denote the truly professional and scientific person.

COURSE: A type of continuing education activity; usually implies a planned and formally conducted learning experience. (See ACTIVITY)

EDUCATIONAL METHODS, METHODOLOGIES: The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lecture, discussion, practice under supervision, audiovisual self-instructional units, case presentations, and so on.

GOAL: A statement of long-range expectations of a continuing dental education program.

NEEDS ASSESSMENT: The process of identifying the specific information or skills needed by program participants and/or interests of the program participants, based on input from participants themselves or from other relevant data sources. The specific needs thus identified provide the rationale and focus for the educational program.

OBJECTIVE: Anticipated learner outcomes of a specific continuing dental education learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.

PROGRAM: The total efforts of a sponsoring organization as they relate to continuing dental educational activities offered to professional audiences.

PROGRAM PLANNING: The total process of designing and developing continuing education activities. This process includes assessing learning needs, selecting topics, defining educational objectives, selecting faculty, facilities and other educational resources, and developing evaluation mechanisms. All steps in the program planning process should be aimed at promotion of a favorable climate for adult learning.

PROVIDER: An agency (institution, organization or individual) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The CE provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the CE provider contracts or agrees with another organization or institution to provide facilities, faculty or other support for the continuing education activity, the recognized provider must ensure that the facilities, faculty or support provided meet the Standards/Criteria for Recognition. The CE provider remains responsible for the overall educational quality of the continuing education activity. (See SPONSOR)

RECOGNITION: Recognition is conferred upon CE providers or sponsoring organizations which are judged to be conducting a continuing dental education program in compliance with the Standards/Criteria for Recognition. (The term "accreditation" is not used in the context of continuing dental education, as "accreditation" has a precise educational meaning that implies that an on-site review based on curricular or patient service standards has been conducted by an accrediting agency recognized by the U.S. Department of Education or the Council on Postsecondary Accreditation. The review process used by the Continuing Education Recognition Program does not meet these specific criteria.)

RECOMMENDATIONS: Detailed suggestions and/or assistance in interpreting and implementing the Standards/Criteria for Recognition. (See STANDARDS/CRITERIA FOR RECOGNITION)

SPONSOR: Another term used to designate the agency (institution, organization or individual) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. (See PROVIDER) The term sponsor is also sometimes used to designate the agency providing funding for the CE activity.

STANDARDS/CRITERIA FOR RECOGNITION: The criteria which applicant continuing dental education providers will be expected to meet in order to attain and then retain recognition status. (See RECOMMENDATIONS) The verbs used in the Standards/Criteria for Recognition (i.e., must, should, could, may) were selected carefully and indicate the relative weight attached to each statement. Definitions of the words which were utilized in preparing the standards are:

1. **Must** expresses an imperative need, duty or requirement; an essential or indispensable item; mandatory.
2. **Should** expresses the recommended manner to meet the standard; highly recommended, but not mandatory.
3. **May or could** expresses freedom or liberty to follow an idea or suggestion.

A CDA RECOGNITION PROGRAM FOR EDUCATIONAL RESOURCES FOR DENTAL PROFESSIONALS

INTRODUCTION

Continuing Education for dental professionals is an increasingly important field. Today, licensing bodies commonly specify requirements for the continuing education of their members. Universities, colleges, and private schools and businesses are attempting to meet the resulting demand for instructional programs and materials.

Responsibility and authority with respect to continuing education requirements for health professionals rests with provincial licensing bodies. The provincial licensing bodies also face the difficult task of deciding which offerings should be recognized for credit, and how many credits should be assigned. Any initiatives at the national level concerned with continuing education of professionals must be respectful of such responsibility and oriented towards assisting authorities in meeting the challenges involved.

The main challenge faced by licensing authorities is determining the value and quality of the various programs, courses, workshops and educational resources being made available from a variety of sources. Several years ago, a CDA Teaching Conference chaired by Dr. Guy Boyer of the University of Montreal considered whether the accreditation process, at the national level, could provide appropriate assistance. It was conceded that there were so many and variable offerings that it would be prohibitively costly to attempt to accredit programs and courses. Consideration was also given to the concept of accrediting the "providers" of continuing education offerings. At the time, there was no support from licensing authorities and recommendations resulting from the conference did not support such an initiative. Since then, the concept of providing accreditation to schools and businesses offering courses has been developed into a formal accreditation process by the Academy of General Dentistry.

CDA attempted to be helpful at the national level by developing the Self-Learning/Self Assessment (SLSA) program. SLSA was developed through the Council on Education and Accreditation's committee on Continuing Education. Development was funded by the Canadian Dental Association, the Association of Canadian Faculties of Dentistry, the National Dental Examining Board and the Canadian Fund for Dental Education. Responsibility for the program was subsequently assumed by the National Dental Examining Board, which in turn permitted the establishment of an independent, private corporation to administer the program. Since the corporation does not report to any of the founding partners, SLSA's acceptance, promotion and further utilization has not been enthusiastic.

The CDA Continuing Education Committee, which is now a sub-committee of the CDA Council on Education, has since been struggling to find a national role. Consideration has been given to developing educational resources through the committee, but supporting funding has been a problem. During the recent financial constraints experienced by CDA, operation of the committee was suspended because other priorities were judged to be more urgent.

Because CDA has been involved in the recognition of consumer products such as denitrifies, mouthrinses and toothbrushes, the association is now receiving requests for CDA recognition from producers of continuing education programs and resources. Several of the initial products requesting such recognition appear to be of excellent quality. At the same time, individual licensing authorities are finding it extremely difficult to deal with the proliferation of continuing education courses and resources being marketed to dental professionals trying to stay current in their fields. It appears that there might be potential for some sort of national recognition process, provided it can be defined and limited satisfactorily.

The Continuing Education Committee of the CDA Council on Education, by definition and mandate, is the committee that should carry responsibility for any CDA initiatives to recognize continuing education programs for dental professionals. Undertaking such an initiative may provide the Continuing Education Committee with the central meaningful role for which it has searching.

WHAT MIGHT BE RECOGNIZED

A CDA recognition program for educational resources for dental professionals could establish recognition criteria for self-directed learning resources for dental professionals. Limitation of the recognition program to self-directed learning resources would have several advantages. First, the field would be narrowed to the kinds of educational resource most readily available to those not within reach of courses offered at universities or in larger centres. Second, self directed learning packages are marketed on a national basis. Third, self-directed learning packages are tangible, physical resources with specific characteristics and features which do not change over the course of the product's life span. Most packages will have a life span of two or three years, a period matching the term of existing CDA recognition contracts. Fourth, self-directed learning resources are consistent with the trend to increased use of computers and other electronic media in our society. Finally, the field is growing by leaps and bounds and it will become increasingly difficult for the average professional to make informed decisions about selection of self directed learning packages.

HOW WOULD PRODUCTS BE ASSESSED?

Products could be assessed in the same general fashion that is used in the Consumer Product Recognition Program. Definition of a product category is established, along with criteria the product will be expected to meet and a process for submission of evidence showing compliance with those criteria.

WOULD LEGAL LIABILITY BE CREATED FOR CDA?

The addition of a third party seal to any product creates the possibility of liability. However, CDA has an excellent legal contract governing Consumer Product Recognition. Under this contract, CDA is indemnified by the product manufacturer against claims arising with respect to the recognized product. The contract also contains sections defining the nature and intent of CDA recognition and disclaiming other interpretation or usage. The contract can be modified to cover self directed learning packages.

CDA RECOGNITION PROGRAM FOR SELF DIRECTED LEARNING RESOURCES FOR DENTAL PROFESSIONALS

CATEGORY DEFINITION

Products eligible for recognition under the CDA RECOGNITION PROGRAM FOR SELF DIRECTED LEARNING RESOURCES FOR DENTAL PROFESSIONALS shall be those products exclusive of Journal based publications demonstrating the following characteristics:

1. The product is a media-based physical resource (such as a workbook, audio diskette, computer diskette, CD-ROM, film, slide series, videotape or combination thereof).
2. The product is intended to support the continuing educational needs of a dental professional using the package as an individual.
3. The product can be marketed, without fundamental revision, for a three year period. Information updating and editorial changes will be permitted within the contract.
4. The product satisfies the CDA that it meets specified quality assurance assessment criteria for this category by completion of a submission with satisfactory supporting substantiation.
5. The product manufacturer is willing to complete a legal contract specifying terms and conditions.

SUB CATEGORIES

Two sub-categories would exist, as follows:

1. Products primarily expediting or assisting access to information or providing information and instruction to clinicians.
2. Products providing information and/or instruction to patients.

CRITERIA TO BE EMPLOYED IN ASSESSING PRODUCT QUALITY

1. Is the product directed to the field of dentistry?
2. Is the material presented current, accurate and complete or appropriately comprehensive for the topic(s) involved?
3. Is the material presented at a professional level and relevant to clinical dentistry and/or patient care?
4. Has the educational dimension of the product been developed by or in consultation with individuals with appropriate qualifications?
5. Is the material presented in a fashion consistent with the needs and abilities of an adult learner?
6. Is the material objective, well organized and sequenced in a fashion which expedites learning or access to further information?
7. Is there provision for self-evaluation or for assessment of the individual's understanding and/or ability to apply knowledge gained from the material presented?
8. Is there provision for supplemental information, individual follow up by selected readings or bibliography? Are references appropriately selected?
9. Is the quality of the media employed sufficient for the educational purposes intended?
10. Does the product, as a self directed learning package, represent value for the professional as a learner and consumer?

Some of the above criteria, e.g. number 7., are difficult to apply to products which are primarily concerned to expedite access to information rather than to provide information or instruction. Most of the other criteria would be applicable in a general fashion, however. Specific criteria will be developed with respect to the patient education product category.

CURRENT

TERMS OF REFERENCE

CONTINUING EDUCATION COMMITTEE
of the
COUNCIL ON EDUCATION

MEMBERSHIP

The Continuing Education Committee shall consist of four members, and shall meet as directed and required. In electing the membership of the Committee, the Council on Education will ensure that representation is constituted as follows:

- (4) Four persons with experience or interest in continuing education.

The Chairman, a member of the Continuing Education Committee, shall be appointed annually by the President of the Association on the recommendation of Executive Council.

Membership on the Continuing Education Committee shall be staggered, for a term of three years, once renewable.

DUTIES

It shall be the duty of the Continuing Education Committee to:

- i) Assist the Canadian Dental Association in determining and fulfilling its role in continuing education.
- ii) Review issues, initiatives, and developments in dentally-related continuing education and continuing competence and make appropriate recommendations to the Council on Education and assist Council in implementing such recommendations.
- iii) Develop related studies, programs and projects with the approval of the Council on Education.
- iv) Present an annual report to the Council on Education.
- v) Conduct such other tasks as the Council on Education may direct from time to time.

Approved by the
Board of Governors
Canadian Dental Association
May, 1993

PROPOSED

TERMS OF REFERENCE

CONTINUING EDUCATION COMMITTEE of the COUNCIL ON EDUCATION

MEMBERSHIP

The Continuing Education Committee shall consist of **five** members, and shall meet as directed and required. In electing the membership of the Committee, the Council on Education will ensure that representation is constituted as follows:

- (5) **Five persons with experience or interest in continuing education of whom two will be representative of licensing/regulatory bodies.**

The Chairman, a member of the Continuing Education Committee, shall be appointed annually by the President of the Association on the recommendation of Executive Council.

Membership on the Continuing Education Committee shall be staggered, for a term of three years, once renewable.

DUTIES

It shall be the duty of the Continuing Education Committee to:

- i) Assist the Canadian Dental Association in determining and fulfilling its role in continuing education.
- ii) Review issues, initiatives, and developments in dentally-related continuing education and continuing competence and make appropriate recommendations to the Council on Education and assist Council in implementing such recommendations.
- iii) **Direct operation of the CDA Continuing Education Product Recognition with approval of the Council on Education.**
- iv) **Liaise with CERP of ADA re recognition of continuing education providers.**
- v) **Liaise with Provincial Licensing Bodies and Continuing Education Committees of Faculties of Dentistry.**
- vi) Present an annual report to the Council on Education.
- vii) Conduct such other tasks as the Council on Education may direct from time to time.

TASK FORCE ON DENTAL EDUCATION

INTRODUCTORY CONFERENCE

The Canadian Dental Association (CDA) has established a Task Force on Dental Education to review current issues and trends in dental education and to report on possible future directions. An initial budget of \$25,000 has been approved with the expectation that additional funding will be provided through grants from external sponsors. The Task Force will involve a number of initiatives, conferences and projects, designed to provide for input from interested professional and educational communities and organizations. The overall process will be directed by the Steering Committee with membership as follows:

Dr. David Donaldson, Chair, Council on Education, Canadian Dental Association, Faculty of Dentistry, University of British Columbia, Vancouver

Dr. Helen Lyttle, President, Association of Canadian Faculties of Dentistry, Dalhousie University, Halifax

Dr. Marcia Boyd, Associate Dean, Faculty of Dentistry, University of British Columbia, Vancouver

Dr. Jack Gerrow, Executive Director/Registrar, National Dental Examining Board of Canada, Ottawa

Dr. Robert Salois, President, Order des dentistes du Quebec, Montreal

Dr. James Brookfield, President-elect, Canadian Dental Association, Kirkland Lake, Ontario

Dr. Toby Gushue, Executive Liaison, St. John's, Newfoundland

Mr. Brian Henderson, Director, Education, Accreditation and Professional Services, CDA

An Introductory Conference is planned for August 27, 1995 following the Annual Meeting of the Canadian Dental Association Board of Governors in Ottawa and prior to the CDA Convention. Attendance will be open. There will be no registration fee, but advance registration on a first come, first served basis is required. Numbers will be limited.

A detailed Conference agenda is currently being planned. It is anticipated that the program will include the following:

- (a) a speaker on epidemiological trends and potential impact on demand for practitioners/dental education;
- (b) a speaker on international trends concerning employment of dental human resources in response to needs;
- (c) a panel on recent initiatives to integrate faculties of dentistry and medicine;
- (d) related workshops and plenary sessions.

A second initiative will be the review and analysis of literature on issues and trends in dental education. The Steering Committee will select a reviewer and provide an honorarium for undertaking this analysis and presenting a written report.

The Steering Committee is considering other initiatives which would provide for input/collection of information, review and analysis of data and determination of conclusions and recommendations. Further announcements will follow.

FOR ADDITIONAL INFORMATION PLEASE CONTACT:

Dr. David Donaldson, Chair
Steering Committee on the Future of Dental Education
c/o Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, ON. K1G 3Y6
Phone - 1 (800) 267-6354 Ext. 205
FAX - 1 (613) 523 - 7489

COUNCIL ON INSURANCE AND INVESTMENT (CDSPI)

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Members: Dr. D. William Allen, PEI
Dr. G. Frank Copithorne, British Columbia
Dr. Brian Knoblauch, Saskatchewan
Dr. William G. Leggett, Ontario
Dr. Ron J. Markey, CDA
Dr. Rod L. Moran, Ontario
Dr. G. Robert Sandercock, Alberta
Dr. D. Richard Sandilands, CDA

Management Committee: Dr. James N. Wright, President
Dr. William A. Glave, Secretary
Dr. Gilles Dubé, Treasurer

Observers: Dr. John M. Dillon, Manitoba
Dr. Eckart Schroeter, New Brunswick
Dr. Robert Sexton, Newfoundland
Dr. Andrew Thompson, Nova Scotia

Executive Vice-President: Mr. Kingsley D. Butler, C.A.

1. Council Meetings

The Board of Directors of CDSPI met as the Council On Insurance and Investment of the CDA on April 21, 1995 in Toronto. The Council is scheduled to meet next on August 27-28, 1995 in Ottawa.

ITEMS REQUIRING BOARD ACTION**2. Personal Umbrella Liability Plan (PULP) Coverage Accessibility**

Currently, the Personal Umbrella Liability Plan (PULP) of the Canadian Dentists' Insurance program requires participation in one or more of the other general insurance components of the Plan. In discussions at the CDSPI Board it was felt that this type of restriction reduced the possible participation in the program. It was therefore felt that such a restriction should be eliminated.

RESOLVED:

- 95.93** **THAT the Personal Umbrella Liability Plan of the Canadian Dentists' Insurance Program may be purchased by any eligible dentist without the requirement of participation in any other program in the Plan.**

ADOPTED

In further review of this product, it was felt that there is a potential for growth by adding this product as a voluntary option under the Dentists' Staff Package. We feel that a number of office staff may find this an attractive addition to their insurance portfolio and one that their spouse may not have access to through other group plans. An eligible staff member would be able to purchase this program without the need to be participating in the Dentists Staff Package. It would however be promoted as an added feature of this plan as well. The current price would remain unchanged and all other eligibility requirements would remain.

RESOLVED:

- 95.94** **THAT the Personal Umbrella Liability Plan of the Canadian Dentists' Insurance Program be offered as a voluntary option under the Dentists' Staff Plan at the regular premium rate; to be purchased either separately or as part of this package.**

ADOPTED

3. Uses of CDIP Life and Disability Surplus

The Council on Insurance and Investment of the CDA reviews on an annual basis the Surplus of the Life and Disability Plans of the Canadian Dentists' Insurance Program and make recommendations to the CDA Executive Council acting as Trustees for the Trusts under which these Plans' Surplus operate. Although at the time of the CDSPI Board meeting, figures have not been audited we have been able to obtain and review the unaudited figures from the insurer which shows the status of the two funds as follows:

Life Surplus

Balance January 1, 1994	\$ 3,273,630
Less:	
Revenue Canada Tax	33,734
Trust Accounting Fees re tax returns	963
Settlement between CDA/QDSA	174,000
Legal Costs reimbursement to Guardian	100,000
Add:	
Interest Income	111,066
Final Loan Repayment from Disability	432,070
3% Load from Life Premium	116,792
Balance December 31, 1994 (unaudited)	\$ 3,624,861

Disability Surplus

Balance January 1, 1994	\$ 1,182,757
Less:	
Revenue Canada Tax Instalments	2,957
Trust Accounting Fees re tax returns	1,231
Last Loan Payment to Life Plan	432,070
Add:	
Interest Revenue	27,326
Experience credit	318,292
Tax Refund re 1990	454
Balance December 31, 1994 (unaudited)	\$ 1,092,571

After reviewing these figures it is the Council's recommendation that the surplus allocations for Life Trust be as follows:

Life Surplus

Unaudited Balance December 31, 1994	\$ (3,624,861)
Estimate 1995/96 Income Tax on Interest Income	200,000
Estimated Accounting Fees	1,000
Sun Deficit recovery and funding of Rate Stabilization Reserve*	1,100,000
Contingency Reserve Fund	2,000,000
Distributable Surplus	323,861
Balance of Unallocated Surplus	NIL

* 1994 - \$750,000 (not yet applied by Sun)
1995 - \$350,000

Based on the balance attributable to possible distribution and the negative experience of the plans in 1994 (estimated in excess of \$2 million), we do not recommend a distribution of any surplus in 1995 for the 1994 year. All of this balance will have to be considered further once the renewal proposal is presented to the CDSPI Board in August. It will then be necessary to decide whether there is a further need for deficit recovery financing of a premium increase, or a combination of both.

In reviewing the Disability figures, we recommend that the surplus allocations for the Disability Trust be as follows:

Disability Surplus

Unaudited Balance at Dec. 31, 1994	\$(1,092,571)
Contingency Reserve Fund	1,000,000
Est. 1995 Income Tax on Interest Income	75,000
Est. Accounting Fees	1,000
Distributable Surplus	16,571
Balance of Unallocated Surplus	NIL

Although the 1994 experience expects to be positive, this is the first year that this has happened with these plans. From many negative years that these Plans have experienced, we are cautious about disability plan surplus balances. Based on the past volatility and experience we are approaching the review of this surplus on a very conservative basis. We feel it appropriate to maintain the building of further stability of these plans as the private sector positions themselves for the hard times that they are now experiencing with these types of programs.

While maintaining stability, we have also taken into account that in our opinion there are insufficient funds available to make a significant distribution at this point in time.

Both of the above positions are consistent with the position provided in our report of September 27, 1994 to the CDSPI Board which was backed up by letters from Fasken Campbell Godfrey and Towers Perrin.

RESOLVED:

95.95 **THAT the Life and Disability Surplus Trusts be allocated as noted and no funds distributed at this time.**

ADOPTED

Executive Council, in its capacity as Trustee of the Life and Disability Surplus Trusts, agreed with the above recommendation. The Council will further review surplus funds as the plans evolve over the next twelve months.

4. **Grad Program Cost Recovery**

APPENDIX I

Attached as APPENDIX I is a letter sent to the CDA outlining the request from the CDSPI Board for reimbursement of the costs of the 1992 and 1993 Graduate Insurance Package which were paid for by CDSPI. The letter outlines the facts considered by the CDSPI Board in passing the following motion as outlined in the letter.

RESOLVED:

95.96 **THAT the CDA Executive Council, in its capacity as Trustees for the CDIP Life and Disability Trusts, be requested to reimburse CDSPI for the funding of the 1992 and 1993 Graduate Insurance Package; such amount to be \$227,849.15.**

ADOPTED

Members were referred to item 11 of the Executive Council report.

Following receipt of this letter, CDA requested additional information as outlined in their letter and this material is attached as APPENDIX II.

APPENDIX II

The additional information as requested along with a memo from In-House Counsel addressing CDA's request is provided as APPENDIX III. If the above motion is approved the authorization from the CDA to CDSPI to remove the funds from the Surplus accounts should be given as outlined in the covering memo.

APPENDIX III

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

7. **1994 CDIP Annual Report**

Because of timing difficulties the statistical report and financial audit were not completed by the date of the CDSPI April Board meeting. The report has therefore not been distributed to the CDA and provinces. This report will be on the agenda of the August CDSPI Board meeting, following which the usual distribution will be made.

6. Non-Registered Funds

CDSPI has reviewed in depth over the past 18 months the concept of offering Non-Registered Mutual Funds as an additional membership benefit for the profession. The results of our finding was presented to the CDSPI Board in April. Although we had developed a feasible way of offering this product, our survey information indicated that there was not a great deal of interest in this product at this time. With over 350 mutual funds available in the marketplace from which to choose, there seemed little "edge" available to offer a program at this time.

The concept will be deferred until we can determine an increased level of interest in the future.

Respectively submitted,

James N. Wright, D.D.S., M.Sc.D.
Chairman
Council on Insurance and Investment - CDA
President, CDSPI

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Council on Insurance and Investment.

APPENDIX I

Canadian Dental	Tel. 416-296-9401
Service Plans Inc.	Fax 416-296-8920
100 Consilium Place	Toll free:
Suite 710	Service in English
Scarborough, Ontario	1-800-561-9401
M1H 3G8	Service en français
	1-800-665-9401

April 25, 1995

Mr. Jardine Neilson
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

BY FAX

Dear Jardine:

Re: CDIP Grad Program Costs 1992 and 1993

As you are aware, prior to the CDA/QDSA legal action, the CDIP Grad Program was funded from the Life and Disability Surplus. Fasken Campbell Godfrey recommended that this funding be discontinued until the legal issues were resolved. They indicated at the time that there should be "no uses of the surplus funds until all issues are clarified".

In 1992 there were 363 Life policies and 454 Long Term Disability policies issued under the Grad Program. As the surplus was not available to pay for this coverage and no alternative sources made available from CDA, CDSPI agreed at the time to fund the costs from its own revenues. This was done because of the importance to the overall program of encouraging young life participation. This approach to funding was taken by CDSPI on the assumption that once the legal issues were resolved, reimbursement would come from the Plan Surplus.

The premium paid to Prudential was as follows:

Life Coverage	\$ 12,341.88
LTD Coverage	<u>\$120,360.75</u>
Total	<u>\$132,702.63</u>

CDSPI then received back from Prudential the 15% administration fee of \$18,353.10 which was used to fund the promotional material and costs of visiting the Dental Faculties for promotion and education for this product. The net cost from CDSPI's revenues in 1992 was \$114,349.53.

Similarly, because the legal matters were not settled in 1993 the Grad Package was funded on the same basis. There were 356 Life and Disability policies issued to grads that year. The premium paid to Prudential was as follows:

continued.....2/



Life Coverage	\$ 12,422.39
LTD Coverage	<u>\$119,293.95</u>
Total	<u>\$131,716.34</u>

CDSPI then received back from Prudential the 15% administration fee of \$18,216.70 leaving a net cost from CDSPI's revenues in 1993 of \$113,499.64.

Based on the above figures the 1992 and 1993 Grad Insurance Package net cost to CDSPI was \$227,849.17.

This matter was brought to the attention of the CDSPI Board of Directors at our April 21, 1995 meeting. It was noted during the discussions that if there had been no legal issue this cost would have come from the plan surplus as it had in the past. If CDSPI had not funded the program for 1992 and 1993 there would have been no Grad Package for those years.

In addition it should be noted that CDSPI was not able to recover any legal or consulting costs incurred regarding the CDA/QDSA matter; CDA received reimbursement either from CDSPI, Guardian or the Plan Surplus, while QDSA received funds from the Plan Surplus. Taking into account CDSPI's substantial costs in this area plus the funding of the two years of the Grad Program as noted above, the revenues of CDSPI have been depleted in excess of \$570,000.

The CDSPI Board of Directors approved the following motion at the April 21, 1995 meeting:

"THAT THE CDA EXECUTIVE COUNCIL IN THEIR CAPACITY AS TRUSTEE FOR THE LIFE AND DISABILITY TRUST BE REQUESTED TO REIMBURSE CDSPI FOR THE FUNDING OF THE 1992 AND 1993 GRADUATE INSURANCE PACKAGE; SUCH NET COST AMOUNTING TO \$227,849.17."

In order to respond to the CDSPI Board's direction at our August meeting, we are requesting that this item be on the agenda of your next Executive Council meeting. A written response by July 15, 1995 would be appreciated.

If you wish to discuss this matter further, please contact me at your convenience.

Yours truly,

ORIGINAL SIGNED BY
KINGSLEY D. BUTLER, C.A.

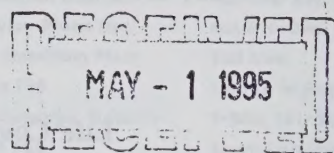
Kingsley D. Butler, C.A.
Executive Vice-President
Ext. 222

797

cc Dr. R. Markey
Dr. R. Sandilands



APPENDIX II



BY FACSIMILE (416) 296-8920

April 26, 1995

FAXED
4:10 PM

**CANADIAN
DENTAL
ASSOCIATION
L'ASSOCIATION
DENTAIRE
CANADIENNE**

Mr. Kingsley Butler
Executive Vice-President
C.D.S.P.I.
100 Consilium Place, Suite 710
Scarborough, Ontario
M1H 3G8

Dear Kingsley:

This will acknowledge your letter of April 25th to Mr. Neilson regarding costs for the CDIP Grad Program for 1992 and 1993.

This request will be reviewed at the Executive Council meeting in June, 1995. I have also requested, through Cathie Bodmore, that Beth Moore provide Executive Council with confirmation that payment of these costs from surplus funding is consistent with the rulings of the Court.

Following normal procedure, I would anticipate that this information will form part of the report of the Council on Insurance and Investment.

I will confirm Executive's decision in this matter following the meeting.

Sincerely yours,

Sandra Davis, C.A.E.
Manager, Corporate Affairs

:sfb

c. Mr. Jardine Neilson, Executive Director
Executive Council

APPENDIX III

MEMORANDUM

TO: KINGSLEY BUTLER
FROM: BETH MOORE *BMM*
RE: CDIP GRAD PROGRAM COSTS - 1992 AND 1993
DATE: APRIL 26, 1995

Attached as requested are the pages from the Ontario Court of Appeal judgment containing the Court of Appeal's discussion of the use of plan surplus for subsidizing insurance for members of dental faculty graduating classes. I have identified the paragraph dealing with the general obligation to use the surplus for the benefit of the participants in the plan in which the surplus arose and the paragraphs specifically dealing with the graduate subsidy.

The authorization from the CDA Executive Council should specify that \$21,345. of the net cost of the subsidy should be charged to the life plan surplus (1992 - \$10,634.98 plus 1993 - \$10,710.02) and the balance of \$113,499.64 should be charged to the disability plans surplus (1992 - \$103,714.53 plus 1993 - \$102,789.62). The authorizing resolution (or its preamble) should confirm that the Executive Council members consider it to be in the best interests of the plans and the participants in the plans that the plans utilize plan surplus to provide premium subsidies to graduating students. If you would like me to draft a sample resolution please let me know.

with Imperial (life, dependant life and long-term disability and office overhead expense).

Clearly, the word "Plan" as used in the participation agreements means the master agreement for life insurance or the master agreement for dependants' life insurance or the long-term disability master agreement, not all three. Accordingly, the persons to be benefited by the surplus produced by the life plan are the participants in that plan.

Accordingly, looking at the major purpose of the organization, I would interpret the participation agreement as requiring the use of any surplus to be confined to the Plan in which it was generated. I would also confine it to the participants in that Plan generally, not just to those whose premiums generated the particular surplus, and I see no reason why the benefit need be "produced" as long as it is for the benefit, directly or indirectly, of the participants of the individual Plan which generated the surplus.

I agree with McKeown J. that a surplus must be used within a reasonable time, but in deciding what is "reasonable" regard must be had to the fact that CDA is a professional association, that the individuals are volunteers, and the by-laws give them considerable discretion and little direction.

The Dispositions Actually Made by CDA

In addition to the interpretation of the by-laws and the participation agreement, the court was asked to rule on the propriety of seven specific uses of surplus funds actually made by CDA. McKeown J. found them all bad. They need to be dealt with individually.

(1) Graduate Subsidy

Since 1975, CDA has followed a policy of offering free insurance to members of graduating classes. The policy was a form of recruiting which would serve to broaden the base of participation and to lower the age of participants as a whole, thereby lowering premium rates. Prior to 1979, it was not clear on any material drawn to the court's attention that was circulated to members, that the cost, which approximated \$10,000 per year, was being charged to surplus. The policy was continued when the provinces became co-sponsors in 1977 and it remained when the ACDQ dropped its sponsorship in 1990.

Dr. Chicoine was aware of the policy and of the fact that its cost was being paid out of surplus; he chose not to object. Although the "benefit" may be nebulous with respect to some par-

ticipants, it is difficult to find CDA at fault with respect to this use.

(2) Male/Female Premium Rate Differential

Prior to 1990, the life insurance premium was the same for females and males of the same age, notwithstanding the fact that statistically females were a better risk, in that they lived longer according to the applicable mortality tables. As the percentage of female dentists increased, with the availability to them of competing insurance with premiums lower than those offered by CDA, it became advisable to consider lowering CDA's rates for females. In order to keep the gross premium the same, as required by the agreement between CDA and the carrier, CDA decided to lower the rates for females, to leave the rates for males as they were, and to make up the \$137,655 shortfall from surplus. All provincial organizations, except ACDQ, were and are content with this use of surplus. The benefits were conferred upon the participants of the Plan that generated the surplus. Accordingly, in my view, the requirements of the by-laws and of the participating agreements were met.

(3) Non-Smoker Premium Discount

For competitive reasons, during the period from 1985 to 1987, CDA decided to offer a premium discount to non-smokers at a cost of \$900,413. In order to maintain the same gross premium to the carrier, CDA paid the shortfall out of surplus. This was a situation much like the male/female premium differential, and the comments made with respect to that issue are applicable here.

(4) Benefit Improvements

These occurred in 1980, 1982, 1985-90. It appears from the factums that it is common ground that no surplus was "used" in this regard.

(5) Premium Discounts

Surplus funds were used to secure premium discounts for the years 1987 to 1990, inclusive. If I understand counsel's submissions correctly, the agreed-upon amounts of \$600,000 and of \$2 million were included in the amounts in issue. ACDQ's complaint is not that the money was used, but that, had it been used earlier, a greater portion would have gone to the benefit of those participants who paid the premiums that generated the surpluses in the first place.

COMMISSION ON DENTAL ACCREDITATION OF CANADA

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

- Members:**
- Dr. Ralph Brooke, Chairman - London, Ont.
 - Dr. Robert Baker, Winnipeg
 - Dr. David Banting, London, Ont.
 - Dr. Stephan Brayton, Halifax
 - Mrs. Betty Copp, Fredricton
 - Dr. Margery Forgay, Mesachie Lake, BC
 - Dr. Lornce Harder, North Battleford, Sask.
 - Dr. Brian Leroy, Edmonton
 - Dr. Guy Maranda, Sainte-Foy, QC
 - Dr. Evelyn McNee, Vancouver
 - Dr. David Murphy, Halifax
 - Dr. Kevin Roach, Pembroke, Ont.
 - Dr. Denis Robert, Sainte-Foy, QC
 - Ms. Susanne Sunell, West Vancouver
 - Ms. Donna Wells, Don Mills, Ont.
- Observers:**
- Dr. David Donaldson, Chairman, Council on Education,
Canadian Dental Association, Vancouver
 - Dr. Jack Gerrow, Executive Director and Registrar,
National Dental Examining Board of Canada, Ottawa
 - Dr. John McComb, President, Royal College of Dentists of Canada,
Toronto
 - Dr. Neal Bellanti, Commission on Dental Accreditation,
American Dental Association, Chicago
 - Dr. Javier Garcia, Asociacion Dental Mexicana, Mexico City
 - Dr. Eugenio Deister, Asociacion Dental Mexicana, Mexico City
- Staff:**
- Mr. Brian Henderson, Director
 - Ms. Susan Matheson, Associate Director
 - Ms. Gay MacQuarrie, Coordinator
 - Mrs. Christiane Dowsing, Secretary

1. Commission Meetings

Since the 1994 Annual Meeting of the CDA Board of Governors, the Commission on Dental Accreditation of Canada met once on November 21, 1994 in Ottawa.

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**2. Appointment of Commission Chairman**

The Commission noted that the rationale for selection of the Commission Chairman has, in the past, been to rotate the chairmanship between a general practitioner and an academic.

The Commission recommends:

THAT Dr. Kevin Roach be nominated as Chairman of the Commission on Dental Accreditation of Canada with first term as Chairman beginning in 1995;

and

THAT the Commission on Dental Accreditation of Canada request that the President of the Canadian Dental Association approve the appointment of Dr. Kevin Roach as Chairman of the Commission beyond his second term as member of the Commission in order that he may complete a full term as Chairman of the Commission on Dental Accreditation of Canada. The nominee has agreed to serve if elected.

This item is presented for information as the appointment of the Chairman of the Commission is ratified through the report of the CDA Nominations and Awards Committee.

3. Mexican Dental Association

The Commission was pleased to welcome for the first time members of the Mexican Dental Association to observe at the meeting.

4. Specialty Certification of Education Program Heads

At the 1993 meeting of Commission, the President of the Royal College of Dentists of Canada (RCDC), Dr. John McComb, requested that the Commission change the accreditation requirements to include a requirement that specialty education program heads be certified in their particular specialty. Commission referred the matter to the CDA Council on Education. At their June 1994 meeting, the Council endorsed the concept that education program heads have fellowship in the RCDC or be appropriately specialty board certified in the United States. At the November 1994 meeting of Commission, the Commission took the Council's

position under advisement and stated its intent to make the change to the accreditation requirements. Before doing so, however, the Commission will give interested stakeholders an opportunity to comment on the proposed change and ask stakeholders to suggest a timetable for implementation of such a change to the education requirements.

5. **Fee Schedule - 1995 to 2000**

Commission adopted a revised fee schedule which included a new section outlining fees for private, for-profit programs. The schedule provides for a three percent increase in each year to the year 2000 in accreditation fees.

6. **Reciprocity with the American Dental Association, re: Dental Assistant Education Programs**

The Commission on Dental Accreditation of the American Dental Association (ADA) passed a motion in 1994 recognizing Level II dental assistants trained in Canada has having comparable training to Level II dental assistants trained in the United States. Commission adopted a similar resolution in 1993. The reciprocal agreement took effect January 30, 1994.

7. **1994 Surveys**

The Commission in 1994 accredited one undergraduate program, four specialty programs, four dental hygiene education programs, five dental assistant education programs, three dental internship/general practice residency education programs, and five health facility dental services across Canada. The following programs were accredited:

Dental Education Programs

Dalhousie University

Doctor of Dental Surgery (DDS)

Master of Science (Oral and Maxillofacial Surgery)

Université de Montréal

Cours supérieur en dentisterie pédiatrique¹

Université Laval

Programme de formation spécialisée en chirurgie buccale et maxillo-faciale²

¹ Re-survey.

² Re-survey.

Allied Dental Education Programs - Dental Hygiene

Dalhousie University

Collège Cambrian

La Cité Collegiale

CÉGEP de Trois-Rivières

Allied Dental Education Programs - Dental Assistant³

East Kootenay Community College

Keewatin Community College

Northern Alberta Institute of Technology - Day Program

Northern Alberta Institute of Technology - Independent Study Program

Dental Internship or General Practice Residency Education Programs

St. Joseph's Health Centre, London, ON

Victoria Hospital, London, ON

University Hospital, London, ON

Health Facility Dental Service

Izaak Walton Killam Hospital for Children

St. Joseph's Health Centre, London, ON

Victoria Hospital, London, ON

University Hospital, London, ON

Progress Reports

The Commission reviewed progress reports from two undergraduate dental education programs, seven dental hygiene education programs, two dental assistant education program, five internship/general practice residency education programs, and two health facility dental services.

8. New Applications for Accreditation

The following program was granted *Preliminary Approval* accreditation based upon a documentation review by the Commission:

The University of British Columbia - Graduate Oral Pathology Program.

³ The Commission surveyed a private, for-profit program for the first time. The dental assistant program surveyed withdrew the accreditation survey report.

The Commission received its second application from a private, for-profit dental assistant education program. The program will be surveyed in 1995.

9. **Dental Hygiene Programs in Ontario**

The Commission resolved to undertake a review of the potential of accreditation guidelines outlining course hours, ratios, etc., to assist the assessment of the Ontario flow-through or one-plus-one model for Dental Hygiene (i.e., first year of study is dental assisting and second year is dental hygiene).

10. **Reciprocity with the American Dental Association, re: Dentistry**

Commission discussed recent concerns expressed by the American Dental Association with regard to the 1987 reciprocal agreement (CDA Resolutions 87.101, 102 and 103) recognizing each other's accredited educational programs as being comparable for the purposes of certification and licensure. The ADA's current concern is with the National Dental Examining Board's 1994 implementation of a national examination for Canadian graduates that does not use precisely the same process as the examination process for U.S. graduates. The ADA argues that, if each country recognizes the other's education programs as being comparable, then U.S. graduates should be entitled to follow the same process as Canadian graduates.

At a recent meeting of the American Commission, correspondence from Dr. Newell Yapple (Commission Chairman) was presented for information and members of the Commission informally reaffirmed support for distinguishing between graduates of accredited programs in Canada and the United States and all other graduates for purposes of licensure in Canada. Dr. Jack Gerrow, newly appointed registrar of the National Dental Examining Board of Canada, was invited to comment on the topic. The National Dental Examining Board is implicated in the issue because provincial dental licensing authorities in Canada recognize its certificate as a basis for licensure. Dr. Gerrow stated that the recent re-introduction of written and clinical examination processes for graduates of Canadian schools had been preoccupying the NDEB. He noted that the results of these examinations for graduates of U.S. schools of dentistry and the two groups compared with results of graduates from foreign jurisdictions. He expects that this might provide formal justification for separate processing for purposes of certification. He indicated that NDEB required such justification as it is currently involved in litigation questioning the principle of different processes of evaluation for different groups of candidates.

Mr. Henderson will be writing to Dr. Gerrow on behalf of the CDA Council on Education and requesting him to present a report on NDEB's perspective on the issue to the June 1995 meeting of Council. Following the meeting of Council, a formal reply to Dr. Yapple's letter will be sent by Dr. David Donaldson, Chairman of the CDA Council on Education.

Although CDA and ADA are signatories to the reciprocal agreement, the authority governing the procedures facing candidates lies with certifying and licensing authorities.

11. **National Dental Hygiene Certification Board (NDHCB)**

After ten years of preparation by the dental hygiene community, the National Dental Hygiene Certification Board is becoming a reality. Several provinces have endorsed the draft by-laws of the Board and the NDHCB sought endorsement by the Commission at the Commission meeting. The Commission agreed to participate in the certification process for dental hygienists in Canada by appointing a member of the Commission to the NDHCB board. The Associate Director of the Commission will be invited to observe at meetings of the NDHCB.

12. **American Dental Association, Proposed Revision of Accreditation Cycle**

Commission was provided with information on a proposal being considered by the Commission of the American Dental Association to have a ten-year accreditation cycle (rather than the current seven-year cycle) with a five-year, mid-term visit by one person on one day to review the previous survey recommendations and any other outstanding problems.

13. **Hospital Survey Schedule**

Commission discussed the need to move some hospital accreditation surveys from 1997 to 1996. Currently twice the average number of hospital surveys conducted in one year are scheduled for 1997 while no hospital surveys are scheduled for 1996. The Toronto hospitals scheduled to be surveyed in 1997 will be asked to have a focused or condensed site visit in 1996.

14. **Recognition of Commissioners**

This being their last Commission meeting, certificates of appreciation for their contribution to the Commission were presented to the following individuals whose terms of membership end as of the 1995 annual meeting of CDA:

- | | |
|----------------------|----------------------------|
| • Dr. Guy Maranda | Member from 1990 to 1995 |
| • Dr. Susanne Sunell | Member from 1990 to 1995 |
| • Dr. Ralph Brooke | Member from 1989 to 1990 |
| | Chairman from 1991 to 1995 |

20. **Closing**

On behalf of the Commission, I wish to express thanks to Brian Henderson, Director; Susan Matheson, Associate Director; and Gay MacQuarrie, Coordinator for the excellent staff support provided me during my tenure as Chairman of the Commission.

Respectfully submitted,

Ralph Brooke, B.Ch.D., L.D.S.,
Cert. Oral Pathology, MRCS, LRCP,
FDSRCS, FRCD, FICD
Chairman, Commission on Dental
Accreditation of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Commission on Dental Accreditation of Canada as information.

FDI NATIONAL TREASURER

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1994 FDI WORLD DENTAL CONGRESS

VANCOUVER, CANADA - OCTOBER 2-8, 1994

Much has been reported on the crowning success of the 1994 FDI Annual World Dental Congress, hosted by Canada in Vancouver, BC, October 2 through October 8, 1994. Attendance by dentists from across the planet, and overall attendance broke all records. Financial success of the congress for the Canadian Dental Association, and return to the FDI exceeded all expectations. Positive reports continue to be received from participants representing country members around the world.

The principal focus defined at the National Treasurers' Forum at the Annual Congress and being implemented into 1995 has been on the improvement in recruitment of Individual Members. It must be noted here that Canada's record in this regard has been almost a doubling of its Individual Member segment following its nadir with the WC held in Berlin in 1992.

APPENDIX I

A total membership concept was proposed and adopted at the Goteborg meeting in 1993. This concept entails National Country Members, such as Canada, paying a subscription covering all members of its national association, at a lower per capita fee. Benefits to the national association participating in the approach would include certain FDI publications being distributed free of charge to individual members of national members adhering to the approach. To date, New Zealand, the originator of the program has subscribed, with others in process of considering participation. For reasons which will be obvious to those familiar with the Canadian federal experience, the take up has been modest.

To better reflect the actual involvement and contribution, the name 'National Treasurer' will in all likelihood be changed to 'FDI Coordinator'.

Other membership benefits were discussed as incentives to attracting new members, a theme familiar to all involved in association management. As with most associations, difficulty is experienced in differentiating between 'benefits', and 'features' of membership. This struggle will continue.

FDI NATIONAL TREASURER

- 2 -

This year's Annual World Congress will be held in Hong Kong October 23-27, 1995. Future confirmed congresses are slated for:

- 1996 Orlando, Fla., USA (September 28-October 2)
- 1997 Seoul, Korea (September 5-11)
- 1998 Barcelona, Spain
- 1999 Sao Paulo, Brazil

Respectfully submitted,

Jardine Neilson, BA, MSW, CAE
National Treasurer - Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the FDI National Treasurer as information.

FEDERATION DENTAIRE INTERNATIONALE

MEMBERSHIP REPORT

As at August 21, 1995

1995 To date	1994 Year end	1993 Year end	1992 Year end	1991 Year end
SM - 256 SMJ- 28	SM - 154 SMJ- 25	SM - 133 SMJ - 35	SM - 98 SMJ - 11	SM - 228 SMJ - 32
Total-284	Total-179	Total - 168	Total - 109	Total - 260
Hong Kong	Vancouver	Göteborg	Berlin	Milan

SM - Supporting Member
 SMJ - Supporting Member with Journal

**ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY/
L'ASSOCIATION DES FACULTÉS DENTAIRES DU CANADA**

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Association held a successful annual meeting in conjunction with the American Association of Dental Schools (AADS) in San Antonio, Texas, March 10-12, 1995. A revised Constitution and By-Laws was presented to the membership and adopted unanimously at the Annual General Meeting, March 12th. The revision of the Association's Constitution was the result of a review of the restructuring which had been approved at the 1991 Annual General Meeting in Halifax. A major change in the Constitution resulted in all members of Standing Committees (Deans, Curriculum, Faculty Member Development and Allied Dental Educators) being eligible to vote at the Annual General Meeting. The Allied Dental Educators Committee also received the right to have up to 10 voting members at the Annual General Meeting. The Executive Committee of the Association (formerly the Management Committee) now consists of the President, President-elect (when there is one), Vice-President, Past-President (when there is one), Faculties Committee Chair, Curriculum Committee Chair, Faculty Member Development Committee Chair and Allied Dental Educators Committee Chair.

The fiscal year of the Association has been changed to January-December.

The Executive Committee of the ACFD/AFDC is planning to support a Workshop to be held in early December, just prior to the AADS Deans Council meeting in Florida. Dr. Ralph Brooke, Dean, Faculty of Dentistry, the University of Western Ontario and Dr. David Banting, Vice-President ACFD/AFDC and faculty member, University of Western Ontario are collaborating in the planning of this Workshop. The topic being explored is integration of dental education into accredited health science centres. The report produced from this Workshop will be presented to the CDA Steering Committee on the Task Force on Dental Education to assist Committee members with the final report. The Association feels that with already one Faculty in Canada beginning the integration process that being pro-active in this respect is the best approach for the future.

The 1995 Summer Teaching Institute is planned for June 18-21, 1995 at the Faculty of Dentistry, University of British Columbia and will be the first Institute held under the new format. The topic chosen is "Student-Centered, Problem-Based Learning Throughout an Integrated Curriculum" with Drs. Marcia Boyd, Helen Lyttle and David Donaldson acting as coordinators. Institute Faculty will be Dr. Stewart P. Mennin and Dr. Robert Waterman both from the University of New Mexico, School of Medicine in Albuquerque. Dr. Karl Maltin, Director Curriculum Development, Harvard School of Dental Medicine and Dr. Bill Dodge, Director of School Professional Affairs at the University of Texas Health Sciences Centre, San Antonio will also be involved in the Institute.

**ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY/
L'ASSOCIATION DES FACULTÉS DENTAIRES DU CANADA**

- 2 -

Dr. David Donaldson and myself have been named to the Council on Education Steering Committee on the Task Force on Dental Education. This Committee has held two meetings in 1995 and will be holding an Introductory Conference in August of 1995.

Four Faculties have named recipients of the W.W. Wood Award for Excellence in Dental Education for 1995. They are Dr. Noel H. Andrews, Dalhousie University; Dr. Chris Lavelle, University of Manitoba; Dr. Grace Petrikowski from the University of Alberta and two recipients from the University of British Columbia Dr. Helen Scott and Dr. Ravi Shah.

The newly formatted ACFD FORUM has had one edition printed and circulated and a second one is due in June. The Executive Committee of ACFD will be assessing the outcome of this new format of the FORUM early in 1996.

I would like at this time to thank the Board of Governors of the Canadian Dental Association for allowing me to report on the Association's activities during my tenure as President. I wish you every success in your deliberations.

Respectfully submitted,

Dr. Helen Lyttle
President, ACFD/AFDC

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Association of Canadian Faculties of Dentistry as information.

CANADIAN DENTAL ASSISTANTS ASSOCIATION

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

The Canadian Dental Assistants Association is pleased to present this report to the Canadian Dental Association Board of Governors, on the activities of the Canadian Dental Assistants Association.

1. Officers

President:	Gail Armitage, Calgary, Alberta
Vice President:	Charlotte Peer Miller, London, Ontario
Past President:	Betty Copp, Fredericton, New Brunswick
Registrar:	Louise Mabey, St. Albert, Alberta
Journal Editor:	Charlotte Peer Miller, London, Ontario

2. Mission Statement

The Canadian Dental Assistants Association is committed to the advancement of dental assisting by establishing professional and educational standards, and fostering unity and growth.

3. National Dental Assistants Week

The theme for National Dental Assistants Week was "YES, WE CAN!" The CDAA adopted this slogan at its Annual General Meeting in Vancouver, October 1, 1994, and continues to address each challenge with this phrase.

4. CDAA Certification and Examination

The CDAA has contracted a new test administration group. The Division of Studies in Medical Education (SME) at the Faculty of Medicine, University of Alberta, Edmonton, Alberta, is now providing this service.

In November 1994, a group of educators and clinicians shared their expertise and voluntarily worked with DSME to review CDAA's Level I examination. In January 1995, another very capable group of clinicians and educators met in Edmonton with Dr. Skakun, DSME to develop an independent Level II examination.

CDAA is investigating the possibilities for a Dental Assisting National Board Examination without levels. These possibilities are being examined by provincial licensing/certifying/registering authorities, and the CDAA, as we work toward a national examining structure suitable for all partners. The CDAA has met with most provincial authorities, in order to seek input regarding the possibilities. A further meeting will be held in Ottawa during the national convention in August to further explore the future of national education standards for dental assistants, and the examination process.

5. CDA Competency Profiles

The CDAA will appoint a regional sub-committee of the proposed Education Standing Committee to adopt a mandate to review, modify and make recommendations to the existing CDA competency profiles for dental assisting, in addition to developing a definition of "dental assisting". CDAA hopes this can become a collaborative approach with ACFD/ADE.

6. Relocation

The decision has been made to relocate CDAA headquarters to Ottawa and plans are proceeding for this to take place this summer. An Executive Director will be hired to coincide with relocation.

7. Bylaws and Manual of Procedures

New CDAA Bylaws have been filed with Consumer and Corporate Affairs and effective August 1995, these Bylaws and a newly developed Manual of Procedures will become functional. A new dental assisting "Code of Ethics" will be presented to the CDAA Board for approval.

8. Annual General Meeting

The Annual General Meeting, (AGM) of the CDAA will be held at the Clarion Hotel, Hull, Quebec, August 25 and 26, 1995. Positions up for election this year are: President, Vice-President, Chairman of the Board, and Liaison to the Board of Examiners. Offices to be appointed include: Journal Editor, Chair, Board of Examiners; Chair, Education Committee; and Chair, Operations Committee.

9. Membership

The CDAA has appointed a special committee to research alternate membership strategies which may be more appealing to potential members. This committee will request input from the provinces and will report to the AGM in August.

10. Publications

The CDAA Journal is published twice annually, alternately with the newsletter "Directions". Mailing dates for the Journal will be November and June. The newsletter will be distributed March and September.

11. Anniversary

The Canadian Dental Assistants Association celebrates 50 years during 1995. The minutes of the organizational meeting in 1945, were published in the May issues of the CDAA Journal.

Over the year, CDAA has addressed many concerns of its general members. We have moved forward in growth and development. CDAA is proud of its accomplishments and in the future will be moving towards reciprocity with regard to examination and national recognition of skills for dental assistants across Canada. CDAA is grateful for the dedication and vision of its committed volunteers. Through the sharing of information and by working together. CDAA foresees a bright and exciting future for the dental assisting profession in Canada.

The CDAA appreciates the interest of the CDA Board of Governors, and thanks you for your continued support, and looks forward to a continued working relationship.

Respectfully submitted,

Gail Armitage, President
Canadian Dental Assistants Association

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Assistants Association as information.

CANADIAN DENTAL HYGIENISTS ASSOCIATION

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. BOARD OF DIRECTORS

Structure

The Canadian Dental Hygienists Association (CDHA) Board of Directors is comprised of five equally responsible councils, all with regional representation from Constituent Associations.

Meetings

The Board of Directors meets twice a year to plan and ratify Association business. These meetings were held January 27-29, 1995 in Ottawa and June 20-22, 1995 in Halifax.

Executive Council

The Board of Directors elect the Executive Council of CDHA, currently consisting of: M. Borowko, President; M. Forgay, President Elect; S. MacIntosh, Vice President; and F. Richardson, Past President. M. Forgay will assume the presidency effective June 25, 1995 and a new Vice President will be elected at that time.

Distinguished Service Award

This award will be presented at the CDHA Awards Luncheon in June with an announcement to follow.

2. EXECUTIVE COUNCIL

1995 Meetings

- Council meetings January, March, May, June, October
- Annual liaison meeting with American Dental Hygienists Association was held in Chicago in March, 1995. ADHA will meet with CDHA in Ottawa in 1996.
- Members of Executive Council had the opportunity to meet with the following Constituent Associations in 1995: British Columbia, Alberta, Manitoba, Ontario, New Brunswick, Prince Edward Island, Nova Scotia, and Newfoundland.

Professional Conferences

1995 Halifax - "The Public, The Practitioner and The Profession", will be held June 23-25. Record attendance is expected with a complete program offered.

APPENDIX I

1996 Calgary - "Interdependence and Independence - Striking a Balance", will be held June 7-9. CDHA invites Health Professionals to attend and enjoy western hospitality. Details will be provided in the CDHA Journal, PROBE.

Publications

PROBE, the scientific journal of the CDHA is published bi-monthly and distributed to CDHA members. The journal provides 40 pages of news, scientific publications (peer reviewed), feature articles, practice profiles, self-assessment, abstracts, an ethics column, and a regular case study in each issue. Non dental hygienist subscription rate is \$69.55 per year.

EXPLORER the CDHA newsletter is distributed to members of CDHA on a bi-monthly basis, providing timely news, updates, practice bulletins and professional information.

CDHA Head Office

The offices of the CDHA were officially relocated to 96 CentrepoinTE Drive, Nepean, Ontario, K2G 6B1 in November 1994. Our new location provides a professional environment with needed space for increased office requirements and accommodation for future growth. Office hours are 8 - 5 pm and staff may be reached at (613) 224-5515.

External Affiliations

CDHA remains an affiliated member of the National Health Action Lobby and has partnered with the Canadian Public Health Association to support the National Literacy and Health Program.

CDHA Endowment Fund

CDHA and Dentistry Canada Fund(DCF) continue to work together to administer and strengthen the CDHA Dental Hygiene Endowment Fund.

3. PROFESSIONAL DEVELOPMENT COUNCIL

National Education Standards

S. Feller facilitated the CDHA/ACFD Workshop held in Winnipeg, October 28-29, 1994. Approximately 20 participants from across the country were present and included representation from Dental Hygiene educators, regulatory bodies, practitioners, the Commission on Dental Accreditation, the Canadian Dental Assistants Association and the Federal Government. The Council will continue to liaise with ACFD, S. Feller, and the CDHA Task Force to complete the development process for the National Dental Hygiene Education Standards.

Educators Directory

The annual Educators Directory was expanded to include dental hygiene researchers. This directory continues to be a valuable net-working tool for dental hygiene educators.

Quality Assurance

CDHA Quality Assurance Workshops are currently being revised based on the newly updated and validated Clinical Practice Standards. Professional Development Council (PD) will continue to liaise with CDHO, ADHA, CDHBC, and NDHCB to develop valid continuing competency mechanisms.

Liaise with other Organizations: AADS/ACFD/CDA

Professional Development Council continues to fund representatives to attend and report on the American Association of Dental Schools meetings (AADS), the Association of Canadian Faculties of Dentistry meetings (ACFD), and the Canadian Dental Association's Teaching Conference. Reports are submitted following meetings and are available for member information.

Representation to CDA and Commission on Dental Accreditation of Canada

Current representatives appointed by Council include J. Clovis to CDA Council on Education and M. Forgay to Commission on Accreditation.

Graduate Student Research Award

This \$5,000.00 award is sponsored by Procter and Gamble and is awarded annually to a dental hygienist returning to full time Masters or Doctoral program. The 1994-95 recipient

of this award was Ms. E. Brownstone. The 1995/96 award will be announced in June in Halifax.

Research Grant

This \$5,000.00 award is sponsored annually and awarded to a Canadian dental hygienist involved in qualitative or quantitative research. The first recipient of this award will be announced in the autumn of 1996.

4. PRACTICE AND REGULATION COUNCIL

Dental Hygiene Practice Standards

The Practice Standards for Dental Hygiene in Canada has now completed the revision and validation process. The updated Standards Document will, upon re-printing, be distributed to members and affiliated organizations.

Dental Human Resource Study Model

CDHA Board of Directors adopted a resolution that CDHA, with the support of the dental hygiene self-regulating authorities, participate in a joint venture with the Federal Government/CDA/CDAA to develop a Dental Human Resources Study Model. Dr. P. Johnson is CDHA's representative on this committee.

National Certification

The National Dental Hygiene Certification Board address is now:

#101-1500 Elford Street
Victoria, B.C.
V8R 3X8

The National Dental Hygiene Certification Board met in February, 1995 to revise by-laws, establish business contracts for the coming year and arrange for development of the Certification Examination (written) Part A. Official voting members will establish policies related to national certification and plan for the future operations of the Board. Current voting membership on the NDHCB includes British Columbia (CDHBC), Alberta(ADHA), Ontario(CDHO), Nova Scotia(NSDB), Newfoundland(NFDB), PEI(PEIDB), CDHA, Commission on Dental Accreditation of Canada, Association of Canadian Faculties of Dentistry(ACFD), and one public member.

Official members represent authorities who:

- a) have statutory authority to recognize the national certificate and require it as one element for registration/licensure
- b) recognize grandparent certificates
- c) designate an official representative to the NDHCB with voting power

In addition to official voting members, the NDHCB allows observers, with permission, to attend meetings and participate in discussions. Observers expenses are paid by the agency they represent. All provincial regulatory authorities of dental hygiene have been encouraged to become full members of the NDHCB.

Position Statement on Infection Control

Council reviewed the updated copy of CDA's Infection Control Workbook and through the CDHA Journal made members aware of its availability. The Council wishes to acknowledge the time and commitment of Dr. Petty and the Committee on Community and Institutional Dentistry for the development of this useful infection control tool.

Secondary Source Data Collection

Council continues to work with Dr. P. Johnson in developing a data base that will track the supply of hygienists in Canada on an ongoing basis. Communication is continuing with Provincial Regulatory bodies regarding collection and transfer of data. This data base will also be an integral part of our participation in the Human Resource Study with the Federal Government and CDA.

CDHA Representative to CDA Committee on Community and Institutional Dentistry (CID)

J. Smorang has been appointed by Council as CDHA nominee to CID for a second term. Council would like to express appreciation of the work done by CID and its importance to the mandate of the Practice and Regulation Council.

5. MEMBER SERVICES COUNCIL

Annual Membership Renewal

1994-95 was a most successful membership year primarily due to an increase in Ontario membership. Membership is linked to licensure in five provinces and the remaining four provinces had member increases above the influx of new graduates. The province of Quebec

does not have a provincial association and is therefore not part of the CDHA. CDHA and the Order of Dental Hygienists of Quebec do have a working relationship on areas of interest primarily licensure, education, regulation, national certification and quality assurance.

Member Services

CDHA introduced two new insurance protection packages this year to meet identified needs. The first addresses the changing requirements related to disciplinary hearings and sexual abuse. This protection has been added to the current CDHA professional liability coverage as an additional rider. CDHA has also introduced a Commercial Business Insurance program for dental hygienists providing self-contracting services.

Student Program

Student binders continue to be distributed annually to first year students providing information on CDHA. The recipients of the Student Aqua Fresh Scholarships for 1995 are Steven Daniel Cameron of Dalhousie University and Leonard Serfaty of Manitoba University. Presentation of these awards will occur at the Awards Luncheon during the CDHA Professional Conference in Halifax.

6. HEALTH PROMOTION COUNCIL

National Dental Hygiene Campaign

NDHC is scheduled for October 16-23rd, 1995. This year's focus will be on infants and toddlers. With the introduction of the adult theme for 1996, the Behind Every Great Smile... personal and professional dental care will encompass all community age groups.

Health Promotion Council has begun planning the introduction of a new program for 1997-2000.

Community Health Grant

The CDHA Board approved the establishment of a Community Health Grant, eligible to CDHA members, to foster the initiation of innovative community health projects.

Health Promotion Position Statement

Health Promotion Council has developed a position statement supporting the dental hygienists role in health promotion for Board approval in June.

Respectfully submitted,

Dr. Margery Forgay
President Elect

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Dental Hygienists Association as information.

CDHA's 6th Annual Professional Conference



Your opportunity to network with colleagues from across the country and
get a better understanding of Canada's dental hygiene profession
from a national perspective...

if you haven't registered call 1-800-267-5235 and
REGISTER BY PHONE NOW!

Preliminary Program

Most sessions will only be delivered in English, however
those **highlighted** will be simultaneously translated

Friday, June 23

- 1:00 - 1:30 Conference Opening
Opening Remarks/Greetings
- 1:30 - 3:15 Jane Fulton, PhD
Now is Not the Time to Leap on Your
Horse and Ride Off in All Directions!
- 3:15 - 3:30 Break
- 3:30 - 5:00 **1 of 3 choices!**
Choong Foong, BSc (Hon) PhD on
Medical Histories & Pharmacology
or
JoAnn Gurenlian, RDH, PhD on Lasers
or
Chris Gallant, MSc, MD, FRCP(C) on
Dental Hygiene Dermatology Issues
- Evening: President's Reception

Saturday, June 24

- 7:30 - 8:30 Continental Breakfast (tentative)
- 8:30 - 10:00 **1 of 2 choices**
Barbara Harsanyi, BA, DDS, MS FRCD(C)
on Oral Pathology
or
JoAnn Gurenlian, RDH, PhD on
Diagnostic Decision-Making
- 10:00 - 11:30 Free Paper Presentations
and
- 10:00 - 2:00 Commercial Exhibits
- 11:30 - 2:00 Lunch

2:00 - 3:45

Panel Discussion on Self-Regulation
featuring: Brenda Walker, RDH of the
Alberta Dental Hygienists Assn
Pat Grant, Dip DH, BA
Bob Konopasky, PhD, C.Psych.
Marilyn Mackay-Lyons, MSc (PT),
BSc (PT), Dip (PT)
moderated by Lynda McKeown
Mickelson, RDH, HBA of the College
of Dental Hygienists of Ontario

or
Michael Vallis, MA, PhD on
Stress Management

Break

3:45 - 4:00

4:00 - 5:00

2 choices

Burglind Gregg, Dip DH, BA, LLB on
the Legalities of Recordkeeping

or
Kimberly Krust-Bray, RDH, MS on
The Role of Local Drug Delivery and
the Changing Role of Ultrasonics

Sponsored
by: **DENTAL**
CANADA

Evening

Social Event (including a Meal and
Entertainment (More details to follow
in future issues of *Probe*))

Sunday, June 25

- 7:30 - 8:30 Continental Breakfast
- 8:30 - 10:00 Dan Boland, MSc (PT), MCPA and
Shirley McCarthy, BSc (OT), Reg (NS) on
Preventing & Managing Injuries in
the Workplace
and
Christine Robb, Dip DH, BA on
Ethics and Infection Control
or
Kimberly Krust-Bray, RDH, MS on
Periodontal Debridement
- 8:30 - 11:00
- 12:00 - 2:00 Awards Lunch

Sponsored
by: **DENTAL**
CANADA

Free Paper Presentations — Saturday, June 24

- Oral Health Knowledge, Attitudes and Behaviors of Grade Six Students
Sandra Cobban, Dip DH
(Surgeon Health Unit) St. Albert, AB

- "What Do People Want from Dentistry?" An Action Research Approach
Barbara Drewry, Dip DH and Rita Chu, Dip DH
(Bachelor of Dental Science candidates, UBC) Sidney, BC

- Manuscript Preparation for Submission to *PROBE*
Marilyn Goulding, Dip DH, BSc, (MSc Candidate New York University)
(Sponsored by CDHA on behalf of *Probe's* Editorial Board) Fort Erie, ON

- Dental Hygiene Self-Regulation: An Educational Perspective
Cyndy Grant and Scott Rhude
(Students of Dalhousie University's Dental Hygiene Program) Halifax, NS

- Questionnaire Survey of Musculoskeletal Problems Among Dental Hygienists in Ontario
Evie Jesin, Dip DH, BSc
(George Brown College) Downsview, ON

- Power Shift in Health Care: Dental Hygiene Emerges
Lynda McKeown Mickelson, Dip DH, HBA
(Lakehead University) Thunder Bay, ON

- Barriers Faced By Immigrants When Seeking Oral Health Care
Mickey Wener, BS, Dip DH, MEd
(University of Manitoba, School of Dental Hygiene) Winnipeg, MB

POSTER PRESENTATIONS & TABLE CLINICS

Poster Presentation

- Dental Health Services for People with Mental Handicaps
Vicki Thompson, Dip DH and Maxine Borowko, Dip DH, Dip DT, Cert V/T Ed
(British Columbia Ministry of Health) Abbotsford, BC

Table Clinics

- Carpal Tunnel Syndrome: Occupational Hazard
Julie Dort and Cheryl Jacquard
(Dalhousie University School of Dental Hygiene Student Table Clinic Competition Winners)
Halifax, NS

- Infection Control and the Importance of Protective Eye Wear
Steve Cameron
(Dalhousie University School of Dental Hygiene) Halifax, NS

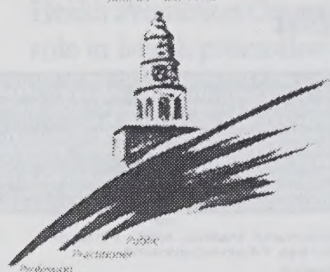
NEW THIS YEAR,
AN INFORMATION EXCHANGE
FORUM FOR THOSE WITH
COMMERCIAL INTERESTS:

Market Exchange Forum — Saturday, June 24

Setting Back Despite Less Dental Insurance
Doug Hodges of Knowell Therapeutics

Preliminary Program

June 23 - 25, 1995



Canadian Dental Hygienists Association
HALIFAX

Sixth Annual Professional Conference
For more information call 1-800-267-5235

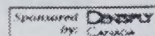
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Opening Remarks/Greetings
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Medical Histories & Pharmacology
or
JoAnn Gurelian, RDH, PhD on Lasers
or
Chris Gallant, MSc, MD, FRCP(C) on
Dental Hygiene Dermatology Issues
- Evening: President's Reception

Pat Grant, Dip DH, BA
Bob Konopasky, PhD, C.Psych.
Marilyn MacKay-Lyons, MSc (PT),
BSc (PT), Dip (PT)
moderated by Lynda McKeown
Mickelson, RDH, HBA of the College
of Dental Hygienists of Ontario
or
Michael Vallis, MA, PhD on
Stress Management

Break

2 choices
*Burglind Gregg, Dip DH, BA, LLB on
the Legalities of Recordkeeping
or
Kimberly Krust-Bray, RDH, MS on
The Role of Local Drug Delivery and
the Changing Role of Ultrasonics



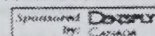
Evening Social Event (including a Meal and
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Saturday, June 24

- 7:30 - 8:30 Continental Breakfast (tentative)
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the Workplace
and
10:00 - 11:30 Christine Robb, Dip DH, BA on
Ethics and Infection Control
or
8:30 - 11:00 Kimberly Krust-Bray, RDH, MS on
Periodontal Debridement
- 12:00 - 2:00 Awards Brunch
- * to be simultaneously translated



Here's a glimpse of some of the Educational Opportunities awaiting you next June in Halifax — read **PROBE** regularly for more details.
Refer to Vol. 28 No. 6 for others.

Friday, June 23

This is not the time to leap on a horse
and ride off in all directions!
Jane Fulton, PhD
Ottawa, Ontario

Join Jane Fulton for a glimpse of the future
and the new role of dental hygienists.
Discover the opportunities for change and
the barriers against it. And leave this ses-
sion with a better knowledge and under-
standing of how health care will change.

1:30 - 3:15 PM

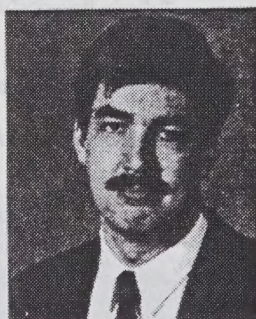


Friday, June 23

Dental Hygiene Dermatology Issues
Chris Gallant, MD, MSc, FRCP(C)
Dartmouth, Nova Scotia

Skin disease is the single most common type
of work-related illness. The prevalence of
work-related skin disease is particularly high
in health care professions. In the workplace,
our skin is exposed to a wide variety of differ-
ent chemicals, traumas and pathogens that
can cause significant morbidity if appro-
priate occupational hygiene and skin care
precautions are not observed. During this
presentation, Dr. Gallant will focus on the
causes and solutions to dermatological
concerns shared by dental hygienists.

3:30 - 5:00 PM

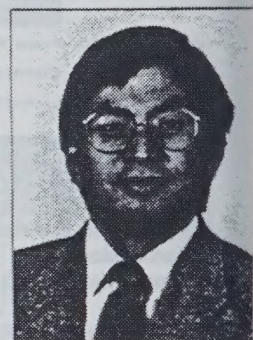


Friday, June 23

Pharmaceutics, Patients and the
Practitioners
Choong Foong, BSc, PhD
Halifax, Nova Scotia

How may a patient's medical history, dental
history and social habits influence your
treatment plan? How would you obtain
information regarding drugs/medications?
Where is this information stored? Are there
alternatives for patients who exhibit allergic
reactions to dental drugs? Are your patients
taking medications that may interact with
dental drugs? This presentation will use a
case-centered approach to review the inter-
relationship between medical history,
dental history and social habits and their
potential influences on patient manage-
ment. Participants will learn how to access
and extract relevant drug information.
Current trends in local anaesthetics,
analgesics and antibiotics will also be
discussed.

3:30 - 5:00 PM



Remember Exhibits will be open
Saturday June 24 from 10:00 AM to 2:00 PM.
This presents an excellent opportunity
to discover the latest products
available to dental hygienists.

Saturday, June 24

8:30 - 10:00 AM

The Public, The Practitioner, The Profession and Oral

agencies

Barbara Harsanyi, DDS, MS, FRCD(C)
Halifax, Nova Scotia

A recent newspaper article alerted the public to dentists' and physicians' lack of effectiveness in dealing with cancer of the mouth in its early stages. The article was based on a scientific paper that was published in the Journal of the Canadian Dental Association (Lovas et al. J. Canadian Dental Assoc 59(11):935-938 Nov 1993). Dr. Harsanyi will explore the implications of this research in relation to the dental hygienist's role in the early detection and management of oral precancer and cancer. The session will include a knowledge-based review of oral lesions which turned out to be oral precancer or cancer, as well as common oral lesions which are neither precancerous or cancerous. A case management exercise and a brief discussion (with audience participation) on what the dental hygienists can, and cannot, do in this area of clinical practice will also be part of the presentation.

Delegates planning to attend this session are encouraged to read the Lovas article cited.

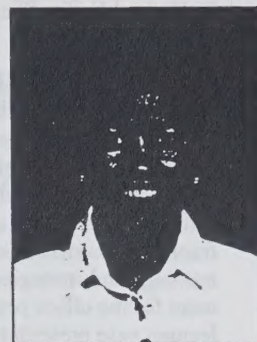
Saturday, June 24

4:00 - 5:00 PM

Aspects of Record Keeping

Burglind Blei Gregg, Dip DH, LLB
Halifax, Nova Scotia

This lecture-style presentation is designed to alert the professional dental hygienist to the legalities of this aspect of one's practice. Whether records are being documented for clinical, financial, quality control or other purposes, these files must meet specific requirements. The presentation will include an overview of legislative and other record keeping requirements, for example, those set by the Canadian General Standards Board. The presentation will focus on the importance of accurate record keeping as a means to providing good oral health services as well as for other purposes such as publication, legal defence and teaching.



Class Reunions at the CDHA Conference

Calling all Dalhousie University School of Dental Hygiene Graduates...

CDHA's Annual Professional Conference presents a prime opportunity to re-acquaint yourself with former classmates and share new experiences. In an effort to help our members make the most of this opportunity we are coordinating an evening of Reunions. Please contact Kim Haslam at (902) 455-6464 for details.

PIER 22
DOCKSIDE, HALIFAX

CDHA's Annual Professional Conference More Than a Learning Experience!

At this year's CDHA Annual Professional Conference we want you to *experience* the Atlantic — Full Conference Registration ensures your participation in the Saturday Evening Social, an integral part of this event. This year's Local Organizing Committee is organizing a unique evening in one of Halifax's finest facilities. Join us at Pier 22 for an unforgettable evening featuring good food, good

company and a few other surprises!

Pier 22 is located next to Pier 21 (which seems logical), but there is more to this site than meets the eye. There is historical significance to the site of this year's conference social. Pier 21 was the key entry point for individuals emigrating to Canada during the 1930s. Perhaps your ancestors or friends arrived in Canada at this dock many years ago.



Next issue we will highlight The Panel Discussion on Self-Regulation

Saturday, June 24

2:00 - 3:45 PM

Stress Management: Strategies for Treating Our Patients and Ourselves

T. Michael Vallis, BSc, MA, PhD
Halifax, Nova Scotia

This presentation will deal with stress as it is manifested in the dental situation: both in the dental patient and the dental staff. Strategies for assessment and treatment will be presented, geared for the practising hygienist. A broad range of topics will be covered, including: how to identify signs of stress, both in patients and in oneself; the principles of stress management (including relaxation, distraction, assertiveness, cognitive restructuring, and self-efficacy training); and strategies for adapting the principles of stress management for the office practice. The course will involve a blending of lecture, case presentation, and experiential learning of management techniques.

The goals of this presentation are to increase the participant's ability to identify stress in dental patients as well as in themselves; to enable the participant to assess the seriousness of the problem and plan intervention; to train the participant in stress-reduction techniques, and to facilitate the implementation of stress-reduction techniques in the office setting.

Saturday, June 24

4:00 - 5:00 PM

The Role of Local Drug Delivery and the Changing Role of Ultrasonics

Kimberly Krust-Bray, BSc(DH), MSc
Pleasant Valley, Missouri

Sponsored by: **Densply** CANADA

This session is designed to provide participants with a summary of Fiber Research including an examination of the synergistic relationship between tetracycline fiber therapy and scaling and root planing. In addition it will comment on the significance of healing following fiber placement alone in the absence of scaling entirely. In addition, participants will be provided with an historical view of ultrasonic use and research results. Topics to be addressed will include: a discussion of the advantages of ultrasonics, an introduction to the Slimline design, comparison of the performance of modified and standard ultrasonic tips and hand scaling curettes.

June/95									
				1	2	3			
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18	19	20	21	22	23	24			
25	26	27	28	29	30				

**CIRCLE
YOUR
CALENDAR
NOW
JUNE 23-25,
1995**

Sunday, June 25

8:30 - 10:00 AM

Work Smart! Preventing and Managing Injuries in the Work Place

Dan Boland, MScPT, MCPA
Shirley McCarthy, BSc(OT), RegNS
Halifax, Nova Scotia



Dental Hygienists spend extended periods of time in stressful postures while at work. It is realized that some of these awkward, sustained positions are unavoidable. However, through appropriate education, many potential injuries can be avoided.

This presentation will cover various aspects of injuries which are incurred by Dental Hygienists while performing job tasks. Major focuses will include: pathology of overuse injuries and cumulative trauma disorders, early intervention strategies, ergonomics in the workplace, self-management and prevention.

Sunday, June 25

8:30 - 11:00 AM

Periodontal Debridement

Kimberly Krust-Bray, BSc(DH), MSc
Pleasant Valley, Missouri

Sponsored by: **Densply** CANADA

This presentation will focus on periodontal debridement vs. scaling and root planing. It will include a historical review of periodontal philosophies, a discussion of the residual calculus paradox, methodologies used to assess residual calculus, cementum removal and the role of endotoxin.

Sunday, June 25

10:00 - 11:30 AM

Discrimination and the Socially Unacceptable Patient

Chris Robb, Dip DH, BA
Halifax, Nova Scotia

This workshop is designed to explore the ethical and psycho social gap which exists between our intellectual acceptance of the universal precautions of infection control, as recommended by the Center for Disease Control, and the personal anxieties and fears we inadvertently exhibit when treating the socially undesirable patient. This will be accomplished through an examination of scientific, clinical and historical perspectives of HIV/AIDS. Increased knowledge and awareness will help ensure that all patients are treated with mutual trust, confidence and respect.



Next issue we will feature:

Title TBA

Jane Fulton, PhD, Ottawa, ON

Medical Histories and Pharmacology

Choong Foong, BSc(Hon), PhD, Halifax, NS

Dental Hygiene Dermatology Issues

Chris Gallant, MSc, MD, FRCP(C), Halifax, NS

Oral Pathology*

Barbara Harsanyi, BA, DDS, MS, FRCD(C), Halifax, NS

*denotes session to be simultaneously translated

Legalities of Recordkeeping

Burglind Gregg, Dip DH, BA, LLB, Halifax, NS

Panel Discussion on Self Regulation*

with: Brenda Walker, Dip DH of Edmonton, AB

Pat Grant, Dip DH, BA of Halifax, NS

Bob Konopasky, PhD, CPsych of Halifax, NS

Marilyn MacKay-Lyons, MSc(PT), BSc(PT), Dip PT of Halifax, NS

moderated by Lynda McKeown Mickelson, RDH, HBA of Thunder Bay, ON

DENTISTRY CANADA FUND

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

Directors: Dr. Gordon Thompson, Edmonton, Chairman
Mr. Peter Billing, Toronto
Dr. Donald O'Connor, Ottawa
Mr. Don Pamentor, Halifax
Dr. Arthur Schwartz, Ashern
Dr. John Silver, Vancouver
Dr. David Singer, Winnipeg
Dr. Douglas Smith, Belleville
Mr. Arthur Zwingenberger, Toronto
Mr. Jardine Neilson, Ottawa, ex-officio

Executive Vice-President: Mr. James Wegg, Ottawa

1. Meetings

The DCF Management Committee met in Toronto May 10, 1995.

ITEMS REQUIRING BOARD ACTION

2. Appointment of Chairman

Dr. Thompson's term of office expires December 31, 1995.

RESOLVED:

95.97 THAT Dr. Douglas B. Smith be appointed for a two year term as Chairman of the Dentistry Canada Fund, effective January 1, 1996.

ADOPTED

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION**3. 1995 Program Funding**

At the May 10 Management Committee Meeting, funding commitments were made to the following programs:

DCF Biennial Research Award - Formerly the Canadian Dental Research Foundation Award, this award of \$2,000 will be presented to Mr. Endre Nemeth, (University of Toronto) a dental graduate student who was selected after review of all applications by a sub-committee of the CDA Committee on Dental Materials and Devices, chaired by Dr. Pierre Desautels.

Status of Public Dental Health Plans - \$5,000 has been allocated for the undertaking of this study. The funds are derived from the net interest of the Bruno Martinello Endowment Fund.

Final Document - National Dental Hygiene Standards - \$3,500 has been approved for the completion of this project.

Joint Conference of ACFD and Dean's of Canadian Dental Schools to discuss the Integration of Medical and Dental Curricula - Up to \$4,000 was allocated for this conference.

Lorne E. MacLachlan Teaching Conference - \$5,140 was approved for this conference.

Needy Students - Five, \$1,000 awards were made to deserving students from McGill University, the University of Montréal, and the University of Saskatchewan. Funding for this program comes from the Nicholas Mancini and George Barrett Endowment Funds.

DCF Fellowships - Seven applicants were awarded a total of \$22,000 to help complete various courses of post-graduate study. The **Henry M. Thornton Fellowship** for most meritorious, new applicant was awarded to Dr. Janice Wilson.

Warner-Lambert Fellowships for Dental Teachers, Dental Hygienists' Community/Special Projects, and Dental Assisting Teachers - Four applicants received a total of \$8,615.

Wrigley Student Research Awards Programme - Research projects were approved to take place at Dalhousie University and the University of Toronto which totalled \$10,140.

4. New Awards

The first **DCF/Eaton Award for Excellence** of \$1,500 will be presented to Mr. James Evanson, University of Alberta.

The **DCF/CREST/Procter & Gamble Student/Faculty Research Fellowships** of \$5,000 each will be presented to Mr. Imad Salloum (University of Western Ontario) and

Mr. C. Grant (University of Alberta). These awards were made after a review of all applications by a sub-committee of the CDA Committee on Dental Materials and Devices, chaired by Dr. Pierre Desautels.

Thomas Curry Memorial Fund - \$2,000 was awarded to Dr. Robert Hawkins who is the first recipient of this Fellowship for a Public Health Dentistry graduate student.

5. Fund Update

The death of well-respected orthodontist Dr. Frank Popovich (on a personal note, the finest person I have ever known) has prompted the creation of a Memorial Fund in his name. Once the capital surpasses the \$10,000 threshold, the annual net interest will be used to fund an annual scholarship for an orthodontic graduate student through a national competition. We are pleased that \$5,815 has already been donated to this developing fund.

Both the Don Williams and Barbara Wilson Developing Funds have achieved the \$10,000 capitalization plateau and, accordingly, have been given full endowment fund status. Interest earned by these funds has been designated for educational projects.

6. Fund Raising

The first annual **DCF/Aurum Ceramic \$1 Million Challenge** will be taking place at twenty golf courses across the country between May and September, 1995. Corporate sponsorship from several companies including Nobelpharma and SciCan and especially Midland Walwyn (who are sponsoring a \$50,000 hole at each tournament) will ensure that much needed funds will be raised for DCF.

With the assistance of Seabury and Smith, ITT Hartford Insurance Co. has been selected to act as underwriter for the Endowment Builder section of our Planned Giving Program. The complete DCF Planned Giving Program will be announced in the fall of 1995.

I would like to thank Jim Wegg for his initiative and insight in coordinating the activities of the Dentistry Canada Fund. We are off to a great start!

It has been my privilege to be Chairman of the Dentistry Canada Fund through this transition.

Respectfully submitted,

Gordon Thompson, D.D.S.
Chairman
Dentistry Canada Fund

FILING OF REPORT

The Board of Governors accepts with appreciation the report of the Dentistry Canada Fund.

THE ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. RCDC Annual Meeting, 1995

The 1995 Annual Council meeting, Convocation and Annual Dinner, together with Committee meetings, will be held in Ottawa on August 26, 27 and 28.

Dr. P. Ralph Crawford, Editor of the CDA Journal, will be inducted as an Honorary Fellow at the Convocation on August 27th.

2. Examinations

The following represents the number of candidates for Parts I and II examinations of the Fellowship examinations, being held April/June, 1995:

	<u>Part II</u>	<u>Part I</u>
Dental Public Health	-	3
Endodontics	-	6
Oral and Max. Surgery	13	-
Oral Radiology	-	1
Orthodontics	1	16
Pediatric Dentistry	1	5
Periodontics	-	15
Prosthodontics	<u>2</u>	<u>2</u>
	17	48

Written examinations on April 21st were held in Vancouver, Edmonton, Winnipeg, London, Toronto, Montréal, Québec City, and Halifax, as well as 13 U.S. centres and one in Israel. The orals on June 3rd were held in Toronto and Vancouver.

Successful Part II examinees will be admitted to the College at the Convocation in Ottawa in August, together with 3 new Fellows from the fall 1994 examinations.

3. **Council and Chief Examiner Vacancies**

My own term as President will conclude this year, and Vice-President Dr. Michael MacEntee of Vancouver will assume the position. Members of Council will elect a Vice President at the August meeting.

The only Councillor whose term will be concluding this year is Dr. Richard Stapleford, Windsor, who represents the Oral and Maxillofacial Surgery Section. At the time of writing, nominations have been called for and an election may be held in June, with the successful nominee taking office after the August Council meeting.

The second 3-year term of Periodontics Chief Examiner Dr. Fred Muroff, Montreal, ends on December 31, 1995 and Council will be considering recommendations for his successor in August.

Respectfully submitted,

R. John McComb,
President, Royal College of Dentists of Canada

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Royal College of Dentists of Canada as information.

CANADIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

To date, the Canadian Association of Oral and Maxillofacial Surgeons has been very active. The CAOMS, in conjunction with the American Association of Oral and Maxillofacial Surgeons, is having a Joint Meeting in September 1995 in Toronto. There is an anticipated enrolment of 2500 surgeons. Both Canadian and American Oral and Maxillofacial Surgeons have helped to organize an excellent scientific and social program. This Joint Meeting has helped foster better relationships between the United States and Canada on a scientific and cultural basis.

We have also been involved in the first Pan American Conference of Oral and Maxillofacial Surgery which took place in Miami on April 10th, 1995. Representatives from Canada, the United States, Mexico, Argentina, Chile and Columbia were present. Fruitful discussions took place in an attempt to encourage the exchange of faculty and residents between the Teaching Centres in both continents. A Committee consisting of a CAOMS representative, an AAOMS representative and three representatives from Latin American was struck to investigate parameters and avenues for this exchange.

Recent budget pronouncements by Finance Minister Paul Martin and comments by Prime Minister Chrétien regarding the transfer of payments to the provinces are of grave concern to the Canadian Association of Oral and Maxillofacial Surgeons. Both have suggested that the dental and other areas of the health profession have been identified as possible areas for down sizing or elimination of benefit coverage. We interpret these as early signs that the federal government, in its declared intention to reduce transfer payments to the provinces specifically for health, has earmarked the dental surgical benefits as one area that could be and perhaps should be reduced or eliminated in the interests of reducing the federal deficit. With the reduction of the federal transfer of payments, the provincial governments would then reduce or eliminate their coverage of these benefits. This would represent a severe hardship to the many patients who would have access to health facilities denied. The level of dental health care would fall or regress. Without alternative third party coverage, treatment would be out of reach for many. This would also have a potentially significant impact on the practice profile of the average Oral and Maxillofacial Surgeon in Canada.

In order to protect the access to the present system, the CAOMS feels that at, the very least, present levels of services must be maintained and ideally, enhancement of services above previous levels is the best plan of action.

The CAOMS has struck a Committee on Community Oral and Maxillofacial Services, chaired by Dr. Walter Dobrovolsky and comprised of representatives from each of the provinces. The purpose of this Committee is to collate information and benefit coverage in order to have a Resource Centre when negotiating with governments. Each member of the Committee would negotiate with the Provincial Government with the aim of maintaining the present status of hospital services. The standardization of services, codes and fees would provide a format for the CDA to utilize in their negotiations with government on our behalf. We have asked the CDA President, Dr. Bryun Sigfstead to ask the CDA to lobby on behalf of its Oral and Maxillofacial Surgery members with a view to dissuading the Federal Government from implementing a scenario which in effect would lead to a disenfranchisement of a previously held health care privilege.

The issue of "medical necessity" may very contentious and may require input from our recently struck Committee. Representation is being made to the Government in Alberta on this issue by Dr. Dobrovolsky. The outcome of this meeting may serve as a guideline to future negotiations with Government.

Looking ahead, the CAOMS is planning a joint meeting with the Australia and New Zealand Association of Oral and Maxillofacial Surgeons in 1996. Our liaison and our President Elect, Dr. Sam Kucey, is in the process of planning this Joint Meeting with our colleagues from "Down Under". We are planning to hold a forum both on Community Health Care and Education to deal with these two issues.

Despite the great strides and the encouraging bonds that have been forged internationally, the CAOMS is being forced to approach its future with uncertainty. The apparent intention of Government to alter coverage of Dental/Oral and Maxillofacial Surgery health benefits is of grave concern. We look to the CDA for leadership in dealing with these issues in the hope that we can maintain the status quo of the excellent health care that is provided to our patients by our membership.

Respectfully submitted,

Victor Moncarz, D.D.S., F.R.C.D.(C)
President, CAOMS

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Association of Oral and Maxillofacial Surgeons as information.

CANADIAN ASSOCIATION OF ORTHODONTISTS

REPORT TO THE 1995 ANNUAL MEETING - CDA BOARD OF GOVERNORS

ITEMS FOR INFORMATION - NOT REQUIRING BOARD ACTION

1. After several months of discussion, the CAO and MSB/NIHB have reached an agreement concerning the submission of prior approval and claim forms for treatment on Native Canadians. This agreement allows for our members to submit using payment codes in either a descriptive form or alpha-numeric form. The CAO continues to be adamant in its position against using codes in the description or provision of orthodontic services.
2. MSB/NIHB has asked that the CAO meet with them on a formal and regular basis to discuss issues of mutual concern. We agreed, of course, as we feel dialogue of this nature can only benefit all parties concerned. Our first meeting is tentatively scheduled for September/95 in conjunction with our Annual Scientific Session in Ottawa.
3. On May 15, 1995, at the American Association of Orthodontists Annual Session in San Francisco, I will have the pleasure of joining over 60 other international orthodontic associations and societies as signatories in establishing the World Federation of Orthodontists (WFO). The WFO will meet every five years at the International Orthodontic Congress held in conjunction with the host country's annual session. The objectives of the WFO are:
 - 1) to encourage high standard in orthodontics throughout the world.
 - 2) when requested, to encourage and assist in the formation of national associations of orthodontists.
 - 3) when requested, to encourage and assist in the formation of national certifying boards.
 - 4) to promote orthodontic research and disseminate scientific information.
 - 5) to promote desirable standards of training and certification for orthodontists.
4. Also, in conjunction with the AAO meeting in San Francisco on May 12, 1995, a Graduate Orthodontics Educators Meeting will be held. Under CAO guidance, Canadian Orthodontic educators are meeting to develop appropriate questions and examination format to assist the RCDC in restructuring the Orthodontic Part I exam. We would like to assist the RCDC in establishing an exam format that would ensure portability of specialists within Canada. Dr. R. Faith, the chief examiner for orthodontics, has indicated his willingness to work with the CAO and the committee. This is obviously an ongoing process that will involve future meetings.

5. The Executive and Board of Directors of the CAO would like to congratulate the Board and membership of the CDA on its campaign against taxation of dental benefits. It demonstrates how powerful a lobby group dentists in Canada can be when they demonstrate solidarity.

Respectfully submitted,

Dr. Lee Erickson, President
Canadian Association of Orthodontists

FILING OF REPORT

The Board of Governors receives with appreciation the report of the Canadian Association of Orthodontists as information.

GLOSSARY OF ACRONYMS (utilized in CDA reports to the Board)

3P Committee	CDA Third Party Dental Plans Committee
AADS	American Association of Dental Schools
ACDQ	Association des Chirurgiens dentistes du Canada
ACFD	Association of Canadian Faculties of Dentistry
ADA	American (or Alberta) Dental Association
AD&D	Accidental Death and Dismemberment (CDIP)
AGD	Academy of General Dentistry
APC	Association of Prosthodontists of Canada
ASO	Administrative Services Only
CAE	Canadian Academy of Endodontics
CAO	Canadian Association of Orthodontists
CAOMS	Canadian Association of Oral and Maxillofacial Surgeons
CAOP	Canadian Academy of Oral Pathology
CAOMR	Canadian Academy of Oral and Maxillofacial Radiology
CAP	Canadian Academy of Periodontology
CAPD	Canadian Academy of Pediatric Dentistry
CBA	Canadian Bar Association
CCHFA	Canadian Council on Health Facilities Accreditation
CDA	Canadian Dental Association
CDAА	Canadian Dental Assistants' Association
CDHA	Canadian Dental Hygienists' Association

CDIP	Canadian Dentists Insurance Program
CDSBC	College of Dental Surgeons of British Columbia
CDSC	CDA/CFDE Canadian Dental Students' Conference
CDSPI	Canadian Dental Service Plans Inc.
CERP	Continuing Education Recognition Program
CFDS	Canadian Forces Dental Services
CLHIA	Canadian Life and Health Insurance Association
CMA	Canadian Medical Association
CMC	Communications and Membership Committee
CPR	Committee on Consumer Products Recognition
CPS	Canadian Pediatric Society
CPS	Compendium of Pharmaceuticals and Specialties
CSA	Committee on Student Affairs
CSAC	College Standards and Accreditation Council
CSAE	Canadian Society of Association Executives
CSPHD	Canadian Society of Public Health Dentists
DAP	Dental Awareness Program
DCF	Dentistry Canada Fund
DIAC	Dental Industries Association of Canada
DMD	Committee on Dental Materials and Devices
DPAC	Dental Practice Advisory Committee

ECHCO	Employer Committee on Health Care in Ontario
FDA	Federal Drug Administration (U.S.)
FDI	Fédération Dentaire Internationale
GI	Gingival Index
HIV	Human Immunodeficiency Virus
HPB	Health Protection Branch
ICAC	Institute of Chartered Accountants of Canada
ICD	International College of Dentists
ISO	International Standards Association
LRA	Lobbyist Registration Act
NDC	National Data Corporation
NDEB	National Dental Examining Board of Canada
NDHCB	National Dental Hygiene Certification Board
ODHA	Ontario Dental Hygienists Association
ODN & AA	Ontario Dental Nurses and Assistants Association
ODQ	Ordre des dentistes du Québec
OSCE	Objective Structured Clinical Examination
OSHA	Occupational Health and Safety Administration (USA)
PICC	Planning and Issues Coordinating Committee
PIP	Purchaser Information Program
PULP	Personal Umbrella Liability Plan
QDSA	Association des Chirurgiens dentistes du Canada

RCDC	Royal College of Dentists of Canada
RCDS	Royal College of Dental Surgeons of Ontario
SHNS	Shared Health Network Services
USCLS	Uniform System of Codes and List of Services
WFO	World Federation of Orthodontists
WHO	World Health Organization

Revised: 1995-10-20

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IT CANNOT BE RENEWED

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